



These are the instructions for the Customer Claim Form. The form must be complete and signed by the owner of the damaged property. Failure to submit a complete form, including the specific details about the damaged property, may result in the delay or denial of your claim. Original purchase receipts documenting the date, price and place of purchase are helpful when filing your claim.

Repair estimates are required for large appliances (i.e., air conditioners, refrigerators, stoves, washers and dryers) and other higher priced electronics. If the damaged item is deemed non-repairable, a letter or statement from a licensed technician should be submitted along with a comparable replacement estimate. All other items require a purchase receipt and/or comparable replacement estimate. A store estimate or internet advertisement with the item and price is sufficient.

Please do not discard any items until your claim is settled. Perishable property does not need to be kept; however, photos of the spoiled items must accompany your completed claim form. If you are submitting your claim via email, please send all supporting documents as attachments.

If you have questions regarding this process, you may leave a message at (813) 228-1415.

**Please submit your claim via U.S. Mail or Email:**

**U.S. Mail:** TECO  
Attn: Claims Department  
P.O. Box 111  
Tampa, FL 33601

**Email:** [ClaimsMgmt@tecoenergy.com](mailto:ClaimsMgmt@tecoenergy.com)



# CUSTOMER CLAIM FORM

<input type="checkbox"/> Tampa Electric Company		<input type="checkbox"/> Peoples Gas System	
Name: (First)		(MI)	(Last)
Address:			
City, State, Zip:		Location of incident (if different from mailing address):	
Phone: (    )		Alternate Phone: (    )	
Account is listed under what name?			
Account number:		Meter number:	
Date of incident <i>(required)</i> : (Month)		(Day)	(Year)

Did you place a call to Customer Service?    Yes    No                      Did we respond?    Yes    No

Please summarize the details of this incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide the details of the damages you sustained (attach an additional page if needed).		
Item	Brand/Model # <i>(required)</i>	Age <i>(required)</i>

I certify that the expenses for which I am seeking reimbursement have been incurred by me. I further certify that these expenses have not been reimbursed, nor shall reimbursement be sought from any other company (including insurance). I agree to submit and retain sufficient documentation for any expense for which I seek reimbursement.

\_\_\_\_\_  
**Signature**  
 Property Owner    Tenant