

SACRAMENTO MUNICIPAL UTILITY DISTRICT-CLAIM FORM

For Official Use Only

PLEASE READ INSTRUCTIONS ON OTHER SIDE FIRST

Name of Claimant _____
(First or Business Name) (Middle Initial) (Last Name)

Address _____ Date of Birth _____

City _____ State _____ Zip _____

Daytime Phone () _____ Evening Phone () _____ Cell/Pager () _____

Soc. Security # or Bus. Tax Id. # _____ CA Driver's License # _____

Type of Loss: Personal Injury Other _____ Police Report # _____
 Property Damage Indemnity - Date complaint served _____

When did injury or damage occur? _____ AM / PM
(Month/Day/Year) (Day of Week) (Time)

Where did injury or damage occur? (Street address, intersecting streets, or other location)

How did injury or damage occur? (Describe accident or occurrence)

Who caused your injury or damage?

What injury or damage did you suffer? (Attach additional sheet if necessary. Property damage list item, model, serial#, age, repair cost, original cost, amount claimed)

Name of any witnesses (Attach additional sheet if necessary)

(Name) (Address) (Phone Number)

(Name) (Address) (Phone Number)

Name of SMUD employee(s) involved? _____

Total Amount of Claim: Personal Injury \$ _____ Property Damage \$ _____ Other \$ _____

NOTE: Please attach copies of supporting documentation for the amounts claimed.

If claim relates to an automobile accident, please answer the following and ATTACH PROOF OF INSURANCE:

Please check here if there was no insurance coverage in effect at time of incident

Insurance policy # _____ Insurance Company _____

Insurance Broker/Agent _____

Address _____ Phone () _____

ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:

Name (Mr./Mrs./Ms.) _____ Daytime Phone () _____

Address (Street, City, State, Zip) _____

Warning: California State Law generally requires that most claims against a public entity, such as SMUD, be presented within SIX (6) MONTHS from the date of the action or incident giving rise to the claim. Certain other claims must be filed within ONE (1) YEAR from the action or incident. You should check Government Code 911.2 to determine what presentation period applies in your claim. Please note it is a criminal offense to file a false claim (California Penal Code 72).

Signature _____

Relationship (self, attorney, guardian, etc.) _____

Date _____

WHITE - SMUD COPY

YELLOW - CLAIMANT'S COPY



SMUD

SACRAMENTO MUNICIPAL UTILITY DISTRICT
The Power To Do More.®

® A registered service mark of Sacramento Municipal Utility District.

SACRAMENTO MUNICIPAL UTILITY DISTRICT - CLAIM FORM

INSTRUCTIONS

On the reverse side of the sheet is a claim form for filing a claim against the Sacramento Municipal Utility District. The original and one identical copy of this form, together with one copy of all attachments, are to be filed with the Sacramento Municipal Utility District. Retain one copy for your records. Please send to this address:

**Sacramento Municipal Utility District
Attn: Claims MS K202
P.O. Box 15830
Sacramento, CA 95852-1830
(916) 732-5018 FAX (916) 732-5207**

Please fill out the claim form completely. Additional sheets may be attached if more space is needed. Missing information may delay the processing of your claim. Please print.

FAQs

SMUD Rules and Regulations

SMUD is a municipal utility district governed by a seven member Board of Directors elected by SMUD's customer/owners. The Board of Directors is responsible for setting policy and establishing the rules, rates and regulations that govern both SMUD and its customers. If a rule pertains to your specific claim, we will inform you and provide you with a copy upon request.

Who is Responsible for Damages?

No utility is in a position to guarantee 100 percent continuity of electric service. However, it is our policy to investigate claims in order to determine if our conduct or inaction was unreasonable under the circumstances, thereby causing injury or damage. SMUD's Rule 14 states: "SMUD will not be liable for interruption or shortage or insufficiency of supply, or any loss or damage of any kind or character occasioned thereby, if same is caused by inevitable accident, act of God, fire, strikes, riots, war, or any other cause except that arising from its failure to exercise reasonable diligence."

Determination of Responsibility and Payment if SMUD is at Fault

SMUD will conduct an investigation based on the information you provide on your claim form and internal SMUD records and interviews with SMUD field personnel. The investigation results will determine whether your claim is accepted or rejected. If your claim is accepted, SMUD's payment with regard to property damage will depend on the extent of damage and value of the property. If the property can be repaired, SMUD will pay the cost of repair. If the property cannot be repaired, SMUD will generally pay reasonable market value for the property at the time it was damaged, or the depreciated cost to replace the property, whichever is less. You may wish to check with your insurance carrier prior to submitting your claim to SMUD, as your insurance coverage may provide greater compensation. Payment for bodily injury is determined by several factors including, but not limited to, type and severity of injury, medical bills incurred, lost wages (if any) and permanent disability sustained (if any).

Protecting Your Equipment

Motors and sophisticated electronic equipment need protection from power irregularities. It is the owner's responsibility to have adequate protection against voltage fluctuations. These protective devices are designed to separate the equipment from the power source when fluctuations occur, thereby protecting the equipment. If you would like copies of SMUD Rules 2 and 16 which set forth this responsibility, please call 732-5018.