

# LACC MUTUAL WATER COMPANY

501 Peninsula Drive  
Lake Almanor, CA 96137  
**CLAIM/APPEAL FORM**

PLEASE PRINT

Name: Mr./Mrs./Ms.		Spouse's Name		Home Phone ( )	Work Phone ( )
Mailing Address	Street	Apt.No.	City	State	Zip Code
LACC Address		Account Number		Date of Incident	Time  am/pm

- APPEAL: Reason for**  
 **CLAIM: Description of Incident**


Other Information


Description of Damaged Property (if any): (Please attach repair estimates, invoices, or supporting documents).  
 Note: Two repair estimates are needed if vehicle was involved.

Items	Model/Serial No.	Repair Cost	Original Cost	Amount Claimed

Other Losses


Have you contacted your insurance carrier? Yes                      No	Agent	Telephone ( )
I certify that the foregoing is true and correct. Sign and sent to the above address.		Date
Signed		

For water company use
