

LACC MUTUAL WATER COMPANY

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

PLEASE PRINT

Name:		Spouse's Name		Home Phone ()	Work Phone ()
Mailing Address	Street	Apt. No.	City	State	Zip Code
Lake Almanor Property Address		Account Number		Date of Incident	Time am/pm
<input type="checkbox"/> APPEAL: Reason for <input type="checkbox"/> 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?		Agent		Telephone ()	
Yes No					
Signature Below - I certify that the foregoing is true and correct. Sign and send to the above address.				Date	
For Water Company Use					