

CLAIM FORM

Mail to :
 PG&E San Bruno Claims Department
 1850 Gateway Blvd. 7th floor
 Concord, CA 94520
 E-mail: SanBrunoClaims@pge.com
 Fax: 415-973-2017

PLEASE PRINT

| | | | | | |
|--|--|------------|---------------------|---------------------------|---------------------------|
| Mr./ Mrs./ Ms./ Dr. | | | | | |
| Last Name | | First Name | Spouse's Name | Work Telephone () () | Home Telephone () () |
| Business name (if claim is for business) | | | PG&E Account Number | | |
| Mailing Address - Street | | | | Apt. Number | |
| City | | State | Zip Code | Email Address | |

PROPERTY DAMAGE: Attach repair estimates, invoices, proof of purchase, or supporting documents

| Item Description | Make/Brand | Model: Name, Number, Size | Age | Cost to Repair | Amount Claimed |
|------------------|------------|---------------------------|-----|----------------|----------------|
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| Total Amount Claimed | \$ |
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Were you injured? Yes No If yes, please describe:

Other Losses (lost wages, lost revenue, medical expenses, etc.) Use Additional paper if necessary