

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

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
