

Eugene Water & Electric Board Claim Form

Complete applicable items on this form and send to:

EWEB Attn: Claims 4200 Roosevelt Ave Eugene, OR 97402

The claim must be filed in compliance with the Oregon Tort Claims Act (ORS 30.260-30.300). Subject to certain statutory exceptions, any claim must be filed with EWEB within 180 days of the occurrence. Attach copies of bills, estimates, or other documents to support your claim. Your claim will be reviewed by the EWEB Claims Department. For further information, call the Claims Department at (541) 685-7494.

name:		Home/Cell Phone:	work Phone:
Street Address:	City:	State:	Zip Code:
Claims for Pro	perty or Vehicle Damage		s for Personal Injury
Date of Loss:	Time: AM / PM	Date of Injury:	Time: AM / PM
Repair cost/Estimate:		Compensation Requested: \$	
Description of damage. Use reverse side if necessary		Type of injury. Use reverse side if necessary.	
Please include co	pies of receipts, estimates	or other documentat	ion related to this incident.
	Location	n of Incident	
Be spec	cific. Give street address, intersection		diagram if possible.
Details on how t	he incident occurred, how EWEB w	on of Incident as involved, and why you fee everse side if necessary.	el that EWEB may be at fault.
	Wit	nesses	
Name:	Address:	Pł	none Number:
Name:	Address:	Pł	none Number:
Signature:		Da	te:

