

Statement of Damage

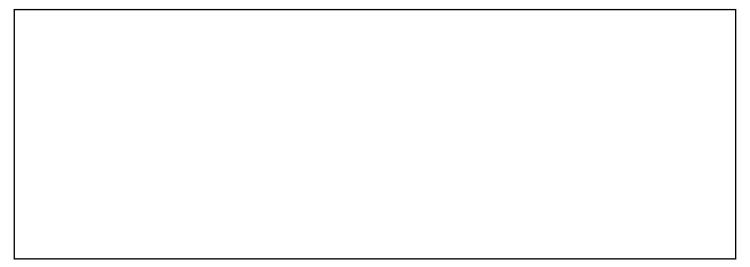
Date	E-Mail Address		Phone Number
First & Last Name		Street Address	
City		State	Zip Code
Date of Incident	Time of Incident	Location of Incide	nt
Cause of Damage		If Other, Describe	

Please Describe What Happened. Be As Detailed As Possible

1	
1	
1	
1	

Damaged Item	Original Cost	Age	Repairable?
Estimated Cost To Repair	Estimate By		Actual Cost
Repair Made By			(Please include receipts)

Additional Remarks



Signature and Date (Printed name will serve as electronic signature)

Return Immediately to: Southern Pioneer Electric Company 1490 General Welch Blvd P.O. Box1177 Liberal, KS 67905

You may voluntarily provide the personal information required to complete this form. SPECo uses this information to fulfill the purpose for which it was obtained.