



# Notice of Claim

This form is to be used for a property damage or personal injury claim only.

For billing inquiries, call (210) 353-2222.

## Contact Information

\* Indicates **REQUIRED** information

_____	_____	_____
CPS Energy Account Number	*Best Phone Number	Alternative Phone Number
_____	_____	_____
*First Name	*Last Name	
_____	_____	_____
*Mailing Address Line 1	Mailing Address Line 2- (apartment, suite, Trailer, Lot, Unit, etc.)	
_____	_____	_____
*City	*State	*Zip Code
_____		
*Email		

## Claim Information

*Type of Damage:		Property Type (If applicable):		_____
<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Both	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
\$ _____	_____	_____	_____	Date of Loss
Total Claim Amount	Police Report Number	*Loss Location (Street Address, City, State, Zip)		
	(If applicable, include police department name)			
_____				
_____				
_____				
_____				

### \*Claim description for Property Damage or Personal Injury

\* I have attached additional documentation that supports the claim:  Yes  No

## Agreement

I (print name) \_\_\_\_\_, state that the information contained in this statement is true and accurate to the best of my knowledge. Willfully submitting false or inaccurate information will result in your claim being denied.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit claims by mail to:  
CPS Energy Claims Dept #CT1201  
P.O. Box 1771  
San Antonio, Texas 78296