

Property Claims



Claimant's Name: _____
Contact Name: _____
Daytime Telephone #: _____ Cell phone #: _____
Email Address: _____

Alectra (formerly known as Enersource) account number: _____

Mailing Address: _____

Time/date of incident and location where damage occurred (intersection and address)

Type of Claim (check all that apply)

- Property damage Bodily injury Legal expense Other

List of items damaged

- | | | | |
|---|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Air conditioning | <input type="checkbox"/> Stove/oven | <input type="checkbox"/> Microwave | <input type="checkbox"/> Miscellaneous items |
| <input type="checkbox"/> Washer/dryer | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Telephone | <input type="checkbox"/> Television |
| <input type="checkbox"/> Computer/monitor | <input type="checkbox"/> Radio | <input type="checkbox"/> DVD | <input type="checkbox"/> Alarm |
| <input type="checkbox"/> Other | | | |

Details of the claim

Date Completed: _____|_____|_____ (DD - MM - YYYY)

1. Please attach supporting documents to this Property Claim.
2. Please return the completed form to Alectra Utilities by:
 - Fax to: 905-566-2731
 - Mail to: 2185 Derry Road West, Mississauga, ON L5N 7A6