



Your Touchstone Energy® Cooperative 

Damage Claim Application

Completing this form does not guarantee reimbursement and is not an admission of fault by United Power.

Company Name (If Applicable):

Last Name: _____ First Name: _____ MI: _____

Service Address: _____ City: _____ Zip: _____

Own Lease Rent

Mailing Address: _____ City: _____ ZIP: _____

Phone (Home): _____ Phone (Work): _____

United Power Account Number:

Date of Damage: _____ Time of Damage: _____

Date/Time United Power was Contacted:

Describe Event:

Witnesses:

Detailed list of losses (include age of damaged items, purchase receipts for damaged items, replacement items and any other applicable documentation, along with digital photos, to prove your claimed damages). Except for food loss, items must be kept for inspection:

Where can the damage be seen:

SIGNATURE: _____ DATE: _____

THIS FORM MUST BE EMAILED TO UPDAMAGECLAIMS@UNITEDPOWER.COM

Please do not disclose any personal or health-related information on this form.