



FLORESVILLE ELECTRIC LIGHT & POWER SYSTEM

Insurance Claim – Customer Information

Customer Name: _____

Customer Address: _____

Contact Phone #: _____

Secondary Phone #: _____

Customer Account #: _____

Physical Location of Loss: _____

Date and Time of Loss: _____

Repairs Made (Yes or No): _____

Description of Accident or Loss

Additional Comments

P.O. BOX 218 | 1400 4TH ST.

FLORESVILLE, TX 78114

www.felps.us

T (830) 216-7000
F (830) 393-0362