

STATEMENT OF CLAIMANT
FORM 12032

KANSAS GAS SERVICE FILE NO.

NAME (LAST)	(FIRST)	(MIDDLE)	
HOME ADDRESS (STREET)	(CITY/STATE)	(ZIP)	
HOME PHONE	WORK PHONE	SOCIAL SECURITY NO.	DATE OF BIRTH

PLEASE READ.

When filing a claim against Kansas Gas Service for either property damage or personal injuries, please complete this claim form in its entirety. Failure to complete the form will make it more difficult for the Company to obtain the information needed to consider your claim. Once the claim form is received by the Claims Department, an investigation will be conducted. After the investigation, the claimant will be informed of the Company's response.

1. Date and time of incident: _____
2. Precise location of incident: _____
3. DESCRIBE IN DETAIL:
 - **What** happened and **why** the incident occurred;
 - **What** or **who** was damaged or injured; and
 - All alleged property damage and/or personal injuries.

Attach copies of all repair estimates or bills and medical-related bills which you believe relate to the incident.

SIGNATURE	DATE
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