



# OREGON TRAIL ELECTRIC COOPERATIVE

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Corporate Headquarters: 4005 23<sup>rd</sup> Street · PO Box 226 · Baker City, Oregon 97814  
Phone (541) 523-3616 · Fax (541) 524-2865 · [www.otecc.com](http://www.otecc.com)

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Dear member:

If you have recently experienced property damage that you suspect may be related to power flow fluctuations, please consider the following before seeking compensation:

It is the member's responsibility to protect their equipment from power outages and fluctuations. Large power systems regularly experience power fluctuations that are beyond a reasonable expectation of control. For example, power outages and related damages caused by weather events fall into this category and are beyond Oregon Trail Electric Cooperative's reasonable ability to control.

Given this fact, neither the constant flow of electricity nor the absence of power fluctuations can be guaranteed. Please understand that Oregon Trail Electric Cooperative will not provide compensation for damages resulting from power fluctuations and outages.

There are ways that you can prevent future equipment damage in the event of an outage. You can protect potentially sensitive or high-value equipment with a surge protector or by unplugging unprotected equipment during an outage, until after power is restored. This protects it from the potential power surge that may happen as power comes back on. Refrigerator temperatures can remain at a safe level for several hours if doors are kept closed.

Please call (541) 523-3616 or email [safety@otec.coop](mailto:safety@otec.coop) if you have questions.

Sincerely,

Clint Morrison  
Director of Support Services

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*Proudly serving Baker, Grant, Harney and Union counties*

**Baker City**  
4005 23<sup>rd</sup> Street · PO Box 226  
Baker City, Oregon 97814  
(541) 523-3616  
Customer office fax (541) 524-2863

**Burns**  
567 W Pierce  
Burns, Oregon 97720  
(541) 573-2666  
Fax (541) 573-3401

**John Day**  
400 Patterson Bridge Road · PO Box 575  
John Day, Oregon 97845  
(541) 575-0161  
Fax (541) 575-0480

**La Grande**  
2408 Cove Avenue  
La Grande, Oregon 97850  
(541) 963-3155  
Fax (541) 963-8515



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## CLAIM REPORT

Claimant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on Account (if different): \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Date and time of Damage: \_\_\_\_\_

Location, including street address and city: \_\_\_\_\_

What was damaged? Include make, model and serial number. \_\_\_\_\_

Please provide a detailed description of the damage, including the suspected cause:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of pictures attached: \_\_\_\_\_ Number of quotes/invoices attached: \_\_\_\_\_

**What is the estimated cost of the damage?** Include any related estimates, receipts or invoices. \_\_\_\_\_

I certify that all of the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Claimant Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>To be Completed by OTEC</b>		Date received: _____
Date submitted: _____	Claim #: _____	<input type="radio"/> Paid. Amount: _____
Notes: _____		<input type="radio"/> Denied
_____ _____		

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