

KANSAS CITY BOARD OF PUBLIC UTILITIES PROPERTY CLAIM INVENTORY WORKSHEET

Name of Claimant:		Dat	Date of Loss: Location of Loss:				
						FOR BPU USE ONLY	
Quantity	Description of Property Serial Number	Date of Purchase Place of Purchase	Original Cost	Replacement Cost & Source	Repair Cost & Source	Depreciation % Amount	Actual Cost Value
			_				
			-				
			-				
					TOTAL:		
the Kansas that may be	City Board of Public Utilities for erequired to validate the age a	or inspection and/or salva	age upon their re	f said property and quest. I also agree to	hereby agree to poprovide receipts, ca	resent and/or submit anceled checks and/or	such property to other documents
	this form to: Board of Public Utilities					Page	of
Atm:Claims 6742 Riverview Avenue Kansas City, KS 66102			Signature				

If you have any questions or concerns, please call 913-573-9566.

Or email to: kburke@bpu.com