



Oregon Trail Electric Cooperative

Your Touchstone Energy® Cooperative 

Corporate Headquarters: 4005 23rd Street · PO Box 226 · Baker City, Oregon 97814
Phone (541) 523-3616 · Fax (541) 524-2865 · www.otec.coop

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) 524-2874 or email safety@otec.coop if you have questions.

Sincerely,

Kassie Schnell
Director of Human Resources and Administration

Proudly serving Baker, Grant, Harney and Union counties

Baker City
4005 23rd 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 _____

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

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