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Local Government Center

LGC-PLT REPORT A CLAIM

General Claims, Vehicle Accident Claims, Worker's Compensation Claims.

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Some of the information requested by this form is private data and some may become confidential data. The purpose and intended use of this data is to provide information about incidents that have caused injury or illness or have come close to doing so. It will assist us in remedying unsafe conditions, and responding to injury/illness concerns. Failure to provide the information may result in missed opportunities to address unsafe work conditions or in the processing of an injury/illness claim.

Employer Info

Employer Name	Town of Sunapee
Employer Address 1	23 Edgemont Rd.
Employer Address 2	
Employer City	Sunapee
Employer State	NH New Hampshire 
Employer Zip Code	03782
Employer Contact Number	(603) 763-2212 Ext:
Employer FEIN	

Event Info

Type Of Event/Accident	
Date Of Event/Accident(mm/dd/yyyy)	
Time Of Event/Accident	
Department Where Event/Accident Occurred	
Date Employer Notified(mm/dd/yyyy)	
Time Employer Notified	

Event Detail

Event Address 1	
Event Address 2	
Event City	
Event State	
Event Zip Code	

Describe How Event/Accident Occurred

Contact Information

Contact Person

Title

Phone Number

Submit

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