<u>AFFIDAVIT – LIGHTNING LOSSES</u>

	DATE:	
TO WHOM IT MAY CO	ONCERN:	
I (we) inspected/repaired (item damaged)	
Model #:	Serial #:	Model Year (Age)
Date of Purchase:	Purchase Price: _	Size
Where Purchased:		
Purchased by (owner)		
Address:		
Date of Loss:	Time o	f Loss:
Are damaged item(s) avail	_	If answering yes, where?
This damage was solely du (please list your findings).		ner cause whatsoever,
	Technician Name	
	Firm Name	
County of	, State of	
Acknowledged before me	by the above named:	
on this day of _		
	Notary Public	