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**Date [YYYY-MM-DD]**

Trinidad and Tobago Electricity Commission

#63 Frederick Street

Port-of Spain

**Subject: Payment Authorization Letter - Damaged Appliance/Equipment Claim**

Please make any payment associated with the Damaged Appliance / Equipment claim to the following:

<b>Claim Number</b>	
<b>Date of incident [YYYY-MM-DD]</b>	
<b>Address of Incident</b>	
<b>Claimant's Full Name [First Name, Last Name]</b>	

Yours faithfully,

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**Account Owner's Signature**

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**Account Owner's Full Name**

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**I.D /D.P / Passport Number - Copy of document must be submitted**

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**Company/Organization Stamp if applicable**

N.B.: If the electricity account owner is a company/organization, this authorization letter must be on the company's letterhead and bear the stamp/seal. The person signing this authorization on behalf of the company/organization must state their full name and position title.

Please refer to the [Frequently Asked Questions \(FAQS\)](#) for more information.