
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:

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

Yours faithfully,

Account Owner's Signature

Account Owner's Full Name

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

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.