



SS TRMN

2025000411GL

Date: 02/20/2025
Terms: Net 30 Days
Invoice: 400001586
Claim: 300003058

Bill To:

CITY OF PORTLAND RISK MGMT
1120 SW 5TH AVENUE ROOM 709
PORTLAND OR 97204

RECEIVED
FEB 25 2025
CITY OF PORTLAND
RISK MANAGEMENT

Damage Invoice

Date	Description	Total Charges
01/14/2025	Damage Location: 8109 SW 6TH AVE, PORTLAND, Type Of Work: Equipment Operator:	
	DAMAGES, LABOR EXPENSE	\$972.50
	DAMAGES, MATERIALS EXPENSE	\$12.99
	DAMAGES, EQUIPMENT EXPENSE	\$363.00
	DAMAGES, CONSTRUCTION OVERHEAD	\$269.69
Total Invoice Charges		\$1,618.18
Total Payments Received		\$0.00
Remaining Balance		\$1,618.18

Cost to repair damaged 1/2" poly at 8109 SW 6th Ave., Portland, OR on 1/14/2025. Contractor failed to expose and protect our facilities as required by the Oregon Dig Law with and excavator for sewer repairs. Payment due within 30 days of receipt. Credit Card payments can be made by calling 503-610-7273 M-F 8AM-5PM.

Cut Here

Claims Department:

Agent: STEPHANIE BAXTER
Telephone: (503) 721-2470
Toll free: (800) 422-4012
[REDACTED]

Remit to:

NW Natural
Claims Department
PO Box 2641
Portland, OR 97208-9956
Claims2@nwnatural.com

Amount Paid: _____

Please return this portion of invoice with remittance

Please reference our claim: 300003058