

NOTICE OF CLAIM

PLEASE PRINT CLEARLY:

Name:

Mailing Address:

Street, City, Province and Postal Code:

Telephone:

Home:

Business or Cell:

Fax:

E-Mail:

Date of Incident:

Time of Incident:

_____ AM

_____ PM

Location of Incident/Accident:

Details of Incident/Accident:

(i.e. Was the area under construction? What were the weather conditions? Additional information such as photos or other documentation can be attached separately.)

Police Department notified ?

Yes

No

IF "yes", Incident Report #:

Personal information on this form is collected under the authority of the Municipal Act and Insurance Act of Ontario and used to process insurance claims and will be safe guarded under the Municipal Freedom of Information and Protection of Privacy Act.

CLAIMANT ACKNOWLEDGEMENT:

Date:

Signature:

Submit your completed form to:

Municipal Clerk
Municipality of West Nipissing
101 – 225 Holditch Street, Sturgeon Falls, ON P2B 1T1
E-mail: mducharme@westnipissing.ca
Tel.: 705-753-2250 • Fax: 705-753-3950

VISIT ... www.westnipissingouest.ca

DISCLAIMER: *The completion and submission of this form does not constitute liability on the part of the Municipality of West Nipissing. The Municipality accepts no liability or responsibility for the content provided in this form.*

MUNICIPAL OFFICE USE ONLY:

CLAIM NO.:

Received by:

Date:

Impacted Department: