



CITY OF PORT ALBERNI

STATEMENT OF DAMAGE / INJURY CLAIM FORM

**OFFICIAL NOTICE OF A CLAIM MUST BE DELIVERED TO THE CORPORATE OFFICER IN WRITING
WITHIN TWO MONTHS FROM THE DATE ON WHICH THE DAMAGE/INJURY WAS SUSTAINED**

(S. 736, Local Government Act)

NAME (PRINT): _____
LAST FIRST

RESIDENTIAL ADDRESS: _____

HOME PHONE: _____ WORK: _____

EMAIL: _____

DATE & TIME OF INCIDENT: _____
DD/MMM/YYYY TIME OF DAY

LOCATION OF INCIDENT: _____

BRIEF DESCRIPTION OF DAMAGE/INJURY:
(ADDITIONAL SPACE IN SCHEDULE A)

AMOUNT OF CLAIM \$: _____
Attach Supporting Documentation & Pictures (if available)

WHEN WAS THE DAMAGE/INJURY FIRST REPORTED?: _____

NAMES OF CITY STAFF OR DESCRIPTION OF CITY FACILITIES/EQUIPMENT INVOLVED:

CITY STAFF NAME: _____

CITY STAFF NAME: _____

ON WHAT BASIS DO YOU FEEL THE CITY SHOULD BE RESPONSIBLE FOR YOUR DAMAGE/INJURY?:

AS THE OWNER/INJURED PARTY, I CONFIRM THAT:

1. This is a correct and accurate statement of the damages/injuries incurred;
2. the damage/injury was sustained within two months of the delivery of this claim notice; and,
3. I have no insurance of any type under which such damages may be recoverable.

SIGNATURE: _____

PLEASE NOTE:

This statement is for information purposes only and its receipt in no way infers acceptance of any responsibility by the City of Port Alberni for the damages claimed.

RETURN COMPLETED CLAIM FORM AND SUPPORTING DOCUMENTS TO:

Director of Corporate Services
City Hall
4850 Argyle Street
Port Alberni, BC V9Y 1V8

Telephone: 250.723.2146
Facsimile: 250.723.1003
Email: twyla_slonski@portalberni.ca

Schedule A

DETAILED DESCRIPTION OF DAMAGE/INJURY

DESCRIPTION OF DAMAGE	ESTIMATED REPLACEMENT COST	ACTUAL REPLACEMENT COST (Submit Receipts)	AMOUNT CLAIMED \$
DESCRIPTION OF PERSONAL INJURY*	ESTIMATED CLAIM COST	ACTUAL CLAIM COST	
TOTAL COSTS			

* FOR PERSONAL INJURY CLAIMS, PLEASE PROVIDE AN ESTIMATE OF THE AMOUNT OF YOUR CLAIM, IF KNOWN, AT THE TIME OF DELIVERY OF THE NOTICE OF CLAIM.

(ADDITIONAL SPACE)
