



STATEMENT OF DAMAGE/INJURY CLAIM FORM

Deliver your completed form to the Legislative Services Department within 2 months of the date on which the damage/injury was sustained. PLEASE NOTE: An official 'Notice of Civil Claim' must be delivered to the Corporate Officer.

(s. 736, *Local Government Act* and s. 159, *Community Charter*)

CLAIMANT NAME			
LAST NAME:	FIRST NAME:	OPTIONAL: Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	
CLAIMANT MAILING ADDRESS			
STREET, APARTMENT NO., P.O. BOX, RR #:	CITY / TOWN:	PROV:	POSTAL CODE:
CLAIMANT CONTACT INFORMATION			
DAYTIME PHONE #:	ALTERNATE PHONE # (OPTIONAL):		
EMAIL ADDRESS:			
DETAILS OF CLAIM			
INCIDENT DATE:	INCIDENT TIME:		
INCIDENT LOCATION:	AMOUNT OF CLAIM \$:		
BRIEF DESCRIPTION OF DAMAGE AND/OR INJURY:			
WHO WAS THE DAMAGE/INJURY FIRST REPORTED TO?:			
WHEN WAS THE DAMAGE/INJURY FIRST REPORTED?:			
NAMES OF STAFF/FACILITIES/EQUIPMENT INVOLVED:			
ON WHAT BASIS DO YOU FEEL THE CITY SHOULD BE RESPONSIBLE FOR YOUR DAMAGE/INJURY?:			

DESCRIPTION OF DAMAGE/INJURY	ORIGINAL COST (PROPERTY)	REPLACEMENT COST	DEPRECIATION	AMOUNT CLAIMED
	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$

ADDITIONAL COMMENTS

Please attach any supporting documentation (e.g. invoice, quote, photos, etc.), if available.

As the owner/injured party, I confirm that

1. this is a correct and accurate statement of the damages/injuries incurred; and
2. the damage/injury was sustained within 2 months of the delivery of this claim notice.

YOUR SIGNATURE:	DATE SIGNED: _____
	year / month / day

PLEASE NOTE: The acceptance of this form by the City of Nanaimo in no way implies acceptance of any responsibility by the City of Nanaimo for the damages claimed.

Freedom of Information and Protection of Privacy Act (FOIPPA): Information collected on this form is done so under the general authority of the *Community Charter* and *FOIPPA*, and is protected in accordance with *FOIPPA*. Personal information will only be used by authorized staff to fulfill the purpose for which it was originally collected, or for a use consistent with that purpose. For more information, please visit the Legislative Services Department at 455 Wallace Street, call 250 755 4405 or email foi@nanaimo.ca.