



STATEMENT OF DAMAGE / INJURY CLAIM FORM

OFFICIAL NOTICE OF A CLAIM MUST BE DELIVERED TO THE MANAGER OF LEGISLATIVE SERVICES IN WRITING WITHIN 2 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)

WHO WAS THE DAMAGE/INJURY FIRST REPORTED TO?: _____

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 2 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 Nanaimo for the damages claimed.

RETURN COMPLETED CLAIM FORM AND SUPPORTING DOCUMENTS TO:

Legislative Services Department
455 Wallace Street
Nanaimo BC V9R 5J6

TELEPHONE: 250-755-4405

FAX: 250-755-4435

EMAIL: legislative.servicesoffice@nanaimo.ca

Schedule A

DETAILED DESCRIPTION OF DAMAGE/INJURY

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

* 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)
