



NOTICE OF CLAIM

***This Notice of Claim is for information only and does not infer acceptance of liability by the City of Fort Saskatchewan.**

PERSONAL INFORMATION OF PROPERTY OWNER

Name of person or persons involved _____

Address _____

City _____ Province _____ Postal Code _____

Phone number _____ Email _____

Insurance Company _____ Policy Number _____

INCIDENT INFORMATION

Date and Time of Incident: _____

Location of Incident: _____

Description of Incident and **Cause** of Damage / Injury

Witness Name and Phone: _____

RCMP Report File # _____

Estimate of Damages (please attach estimates, receipts, pictures) \$ _____

To whom was the Incident / Damage first reported? _____

When was the Incident / Damage first reported? _____

Why do you feel the City of Fort Saskatchewan is responsible and what would you like the City to do?

DISCLOSURE

I swear that the information in this report is accurate and true.

Signature

Date

Fraudulent claims cost all municipal taxpayers and for that reason all fraudulent claims will be prosecuted to the full extent of the law. **Forward completed Notice of Claim to one of the following:**

Mail: City of Fort Saskatchewan
Legislative Services Department
10005 – 102 Street
Fort Saskatchewan, AB T8L 2C5

Email: insurance@fortsask.ca
Fax: 780-998-4774
Phone: 780-992-6255

This personal information is being collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to process your claim. It may be disclosed to third parties to verify the information given. Your information is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, contact the FOIP Coordinator for the City of Fort Saskatchewan at 780-992-6200.