

THE CORPORATION OF THE TOWN OF INNISFIL

Clerk Services
Town of Innisfil
2101 Innisfil Beach Road
Innisfil, ON L9S 1A



Tel:(705) 436-3710
Fax:(705) 436-7120
www.innisfil.ca

POTENTIAL PROPERTY /PERSONAL DAMAGE CLAIM FORM File # _____

For completion by a party claiming the Town is responsible for damages to their property or person.

Note: Completion and submission of this form is NOT acceptance of liability on the part of the Town of Innisfil. Your potential claim will be reviewed and you will be contacted.

1. Last Name: _____ First Name: _____
Phone: _____ Email: _____
Address: _____ Postal Code: _____

2. Description of Damaged Property/Injury (See reverse for detailed description and additional writing space)

3. Incident Date: MM _____ DD _____ YYYY _____ Time: _____ a.m./ p.m.
Location of Incident: (Please be specific referencing direction of travel, lane and closest intersection or reference point and enclose diagram or map if needed):

4. Police Report: YES _____ NO _____ If Yes, indicate the # _____

5. Indicate Cause of Damage/Injury: _____

6. Type of Claim: _____ Amount of Claim \$ _____

7. **WHO** at the Town was the damage/injury **FIRST** reported to? _____

8. **WHEN** was the damage/injury **FIRST** reported to the Town? _____

9. Name, addresses and telephone numbers of all witnesses and/or municipal staff involved:
Name: _____ Address: _____ Tel # _____
Name: _____ Address: _____ Tel # _____
Name: _____ Address: _____ Tel # _____

10. State why you feel the Town should be responsible for your damage/injury and what you would like the Town to do:

11. **I solemnly swear that I am the owner/occupier of the property damaged, that the foregoing is a correct and accurate statement as to the damages incurred and that I have no insurance or warranty of any type under which such damages may be recoverable.**

Owner: _____ Date: _____

Written notice of a claim related to highways or bridges must be provided to the Town Clerk (see address on top) **within ten (10) days of the occurrence of injury** or your claim may be rejected, pursuant to Section 44(10) of the *Municipal Act, 2001*, S.O. 2001, c. 25.

This personal information is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act* and will be used to process claims against the Town. It may also be disclosed to third parties to verify the information given. It is protected by the privacy provisions of the Act. If you have any questions about the collection, use or disclosure, contact the Records Coordinator at Clerk Services.

THE CORPORATION OF THE TOWN OF INNISFIL

Clerk Services
 Town of Innisfil
 2101 Innisfil Beach Road
 Innisfil, ON L9S 1A



Tel:(705) 436-3710
 Fax:(705) 436-7120
 www.innisfil.ca

SCHEDULE OF LOSS

Description of Property (include photos if available; indicate year, make, model if automobile)	When & Where Purchased	Original Cost	Repair or Replacement Cost (include receipts and estimates)	Depreciation	Amount Claimed
		\$	\$	\$	\$
Totals		\$	\$	\$	\$

(Additional Space)