



# CITY OF PORT ALBERNI

## STATEMENT OF DAMAGE / INJURY CLAIM FORM

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

*(S. 736, Local Government Act)*

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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:**

City Clerk  
City Hall  
4850 Argyle Street  
Port Alberni BC V9Y 1V8

TELEPHONE: 723-2146  
FAX: 250-723-1003  
Email: [davina\\_hartwell@portalberni.ca](mailto:davina_hartwell@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)

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