



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:**

Director of Corporate Services  
City Hall  
4850 Argyle Street  
Port Alberni, BC V9Y 1V8

Telephone: 250.723.2146  
Facsimile: 250.723.1003  
Email: corp\_serv@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)

---

---

---

---

---

---

---

---