

To be completed by a party claiming the County is responsible for damages to their property or person
Claims may be submitted by fax, email, mail or in person.

Name of person(s) involved _____

Address _____

City _____ Province _____ Postal code _____

Phone number _____ Fax _____

Email (optional) _____

Location of incident _____

Date and time of incident _____

Description of damaged property/injury

Indicate **cause** of damage/injury

To whom was the incident/damage **first** reported? _____

When was the incident/damage **first** reported? _____

Why do you feel Strathcona County is responsible and what would you like the County to do?

Amount of Claim (Please attach 2 estimates for repair and any applicable photos) \$

CERTIFICATION OF CLAIMANT:

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 of any type under which such damage may be recoverable.

Signature

Date

Collection and use of personal information

Personal information is being collected under the authority of the *Municipal Government Act* (MGA) and the *Freedom of Information and Protection of Privacy Act* (FOIP) and is managed in accordance with the provisions of FOIP. This information will be used to process your claim. It may be disclosed to third parties to verify the information given. If you have any questions about the collection and use of your personal information, contact the Senior Risk Analyst, Financial Services, Strathcona County at 780-400-2025.