DAMAGE CLAIM

(PLEASE PRINT)

TO: Council Services Department
PO Box 1607, 350 City Hall Square W, Suite 110
Windsor, Ontario N9A 6S1

FAX: 519-255-6868
E-mail: clerks@citywindsor.ca

NAME: **Mr.☐ Mrs.☐ Ms.☐ Miss☐** _____

ADDRESS: _____

CITY: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

HOME PHONE: _____ **BUSINESS PHONE:** _____ **ext.** _____

DETAILS OF INCIDENT:

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

LOCATION: _____

DETAILS: Please provide SPECIFIC information regarding incident. _____

ATTACHMENTS: (estimates, receipts, photos, etc.) YES ☐ NO ☐ FORTHCOMING ☐

SIGNATURE: _____ DATE: (MM/DD/YYYY) _____

NOTE: *Any person(s) who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud*

If you have any knowledge that the alleged damages might have occurred as a result of work being performed by a contractor on behalf of the City or a public utility, please report this information to the Council Services Department 519-255-6211 immediately or call 311.

The personal information on this form is collected under the authority of the *Municipal Act, 2001,* s.10. The information is used solely for the purpose of processing the damage claim and will be supplied to the City of Windsor's insurance adjuster and to those from whom the City is claiming contribution or indemnity. Questions about this collection of information can be made to the Supervisor, Information and Records, 519-255-6222 ext. 6214.

FOR OFFICE USE ONLY:

☐ Acknowledgement Card Given At Counter On _____ Initials _____

☐ Acknowledgement Card Mailed On _____ Initials _____