



NOTICE OF CLAIM

Name: _____
Please Print

Address: _____
(Street Number, Name and Apartment Number)

(City) (Province) (Postal Code)

Telephone: (Home) _____(Business) _____

Date of Incident/Accident: _____ Time of Incident/Accident: _____am/pm

Location of Incident/Accident: _____

DETAILS OF INCIDENT/ACCIDENT: (Was this area under construction? Weather conditions if applicable? Was the Police Department notified?)

Relief Requested: _____

Date: _____ Signature: _____

Received by: _____ Date: _____

FREEDOM OF INFORMATION
Personal information on this form is collected under the authority of the Municipal Act and Insurance Act of Ontario, and is used to process insurance claims. For further information please contact the Risk Management/Insurance Officer, c/o Corporation of the City of Greater Sudbury, 200 Brady St., P.O. Box 5000, Station "A", Sudbury, ON, P3A 5P3, 674-4455 (Automated Attendant) or 671-2489, Extension 4254.