

1475 Concession 5 RR5 Kincardine, ON N2Z 2X6 Ph:(519) 396-3468 Fax:(519) 396-8288 <u>clerk@kincardine.ca</u>

Claim Form

Note: Written notification of claim may be required within ten (10) days of the incident.

Full N ame: Last First M.I. Address: Street Address Apertment/Unit # City Province Postal Code Home Phone:			Personal Information	n	
Address: Street Address Apartment/Unit # City Province Postal Code Home Phone:	Full N ame:				
Street Address Apartment/Unit # City Province Postal Code Home Phone:		Last		First	М.І.
City Province Postal Code Home Phone:	Address:				
Home Phone:		Street Address			Apartment/Unit #
Home Phone:		City		Provinco	Postal Codo
Email: Incident Details Date of Incident: Location: Details of Incident: Details of Incident: Description of Property Damage or Injuries:		City			r Usiai CUUE
Incident Details Date of Incident:	Home Phone:		Alternate Phone	:	
Incident Details Date of Incident:	Email				
Date of Incident:Time: Location:					
Location: Details of Incident: Description of Property Damage or Injuries:			Incident Details		
Details of Incident:	Date of Incident:		Time:		
Description of Property Damage or Injuries:	Location:				
Description of Property Damage or Injuries:	Details of Incident:				
Property Damage or Injuries:					
Property Damage or Injuries:					
Property Damage or Injuries:					
or Injuries:					
	Property Damage or Injuries:				
Please provide/attach photos, invoices and any other relevant documentation in support of your claim. Witness to Incident:					
Contact Information:					

What would you like the Municipality to do?				
	Authorization			
The information provided herein is true. I understand that fraudulent claims cost all taxpayers, and for this reason, all fraudulent claims will be prosecuted to the full extent of the law.				
Signature:	Date:			
Please send form to	Municipality of Kincardine c/o Clerks Department 1475 Concession 5 RR 5 Kincardine, ON N2Z 2X6 Fax: (519) 396-8288 Email: <u>clerk@kincardine.ca</u>			

Personal information is collected under the authority of the *Municipal Act, 2001, S.O. 2001, c. 25* for the purpose of creating a record of written notification of a claim. Questions about the collection may be addressed to the Clerk of the Municipality of Kincardine, 1475 Concession 5, R.R. 5 Kincardine, ON N2Z 2X6 Phone: (519) 396-3468