



STATEMENT OF DAMAGE/INJURY FORM

For completion by a party claiming the Municipality is responsible for damages to their property or person.

1. NAME: _____ TELEPHONE: _____
ADDRESS: _____ POSTAL CODE: _____
 YES, I WOULD LIKE CORRESPONDENCE SENT VIA E-MAIL E-MAIL ADDRESS: _____
2. DESCRIPTION OF DAMAGED PROPERTY/INJURY (SEE REVERSE FOR DETAILED DESCRIPTION & ADDITIONAL WRITING SPACE)

3. INCIDENT DATE: M ___ D ___ Y ___ TIME: _____ LOCATION OF INCIDENT: _____
4. INDICATE CAUSE OF DAMAGE/INJURY: _____

5. AMOUNT OF CLAIM (ATTACH SUPPORTING DOCUMENTATION) \$ _____
6. WHO WAS THE DAMAGE/INJURY **FIRST** REPORTED TO? _____
7. WHEN WAS THE DAMAGE/INJURY **FIRST** REPORTED? _____
8. NAMES, ADDRESSES AND TELEPHONE NUMBERS OF WITNESSES AND/OR MUNICIPAL STAFF INVOLVED:
NAME: _____ ADDRESS: _____ TEL#: _____
NAME: _____ ADDRESS: _____ TEL#: _____
NAME: _____ ADDRESS: _____ TEL#: _____
9. STATE WHY YOU FEEL THE MUNICIPALITY SHOULD BE RESPONSIBLE FOR YOUR DAMAGE/INJURY:

10. 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 DAMAGES MAY BE RECOVERABLE.

OWNER: _____ DATE: _____

Return to: Risk Manager
The Corporation of the District of Saanich
770 Vernon Avenue Victoria BC V8X 2W7

Please Note: This statement is for information purposes only and its receipt in no way infers acceptance of any responsibility by this Municipality for the stated damages.

It is a requirement under Section 286 of the Local Government Act to provide notice to the Municipality in writing of the time, place and manner in which the damage was sustained, within two months of the date the loss or damage occurred.

