

STATEMENT OF PROPERTY DAMAGE/BODILY INJURY

For completion by a party claiming the Town of Ladysmith is responsible for damage to their property or bodily injury.

CLAIMANT/ OWNER INFORMATION:		
Name:		Telephone No:
Address:		
Mailing address (if different from above):		
DAMAGE / INJURY INFORMATION:		
Occurred at Time:	Date:	Location:
Description of damage/injury:		
Specify cause of damage/injury:		
Witness(es) - include name(s), address(es) and telephone number(s):		
1.	2.	3.
Estimated cost of repairs/replacement (attach invoices, written estimates etc.):		
Name of individual to whom damage/injury was first reported:		
Date damage/injury was reported:		
State why you are of the opinion the Town should assume responsibility for the stated damage/injury:		

I solemnly swear that I am the owner of the property damaged/injured party, that the foregoing is a correct and accurate statement of the damage/injury incurred and that I have no insurance of any type under which such damage/injury may be recovered.

Signature _____ Witness _____

Date: _____ Title: _____

The personal information on this form is collected under the authority of the Community Charter and will be used for the purpose of running the municipality. If you have any questions about the use and collection of this information, contact the Corporate Officer at foi@ladysmith.ca.

