Claim Report

Any information which you provide on this on-line form will be kept confidential.

Personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, C.25 and will be used to process your claim with the City of Brockville. Questions about the collection of this personal information should be directed to the Risk Management Coordinator, 1 King Street West, P.O. Box 5000, Brockville, ON K6V 7A5 (T) 613-342-8772 ext. 4485.

City of Brockville
Risk Management
1 King Street West, P.O. Box 5000
Brockville, ON K6V 7A5
Tel: 613-342-8772 ext. 4485
Fax: 613-498-2793
Email: claims@brockville.com

Email the completed form to: claims@brockville.com or fax to 613-342-8780. **NOTE**: BE AWARE THAT THERE IS A 10 DAY NOTICE FOR PROVIDING THE CITY WITH NOTICE OF CERTAIN TYPES OF CLAIMS AND A TWO YEAR LIMITATION period for bringing an action in respect to all claims.

Personal Information of Claimant

First Name	Middle Initial	Last Name
Address Unit No.	Street No.	Street
City	Province	Postal Code
Home Phone	Work Phone	Email

Contact Information (if different from above)

First Name	Middle Initial	Last Name
Address Unit No.	Street No.	Street
City	Province	Postal Code
Home Phone	Work Phone	Email

Incident Information

Incident Date	Time of Incident ☐ am or ☐ pm)
Location description (including address if known)	
Closest intersection or reference point	
Facility	Location of Facility
Other	

Description of incident, including property damage and injuries.

Is this your first report of this incident to the City? Yes ☐ No ☐

If no, identify the employee or section report was made to:

Employee Name:	Department:

Witness Information (1)

First Name | Middle Initial | Last Name

Address Unit No. | Street No. | Street

City	Province	Postal Code
Home Phone	Work Phone	Email

Witness Information (2)

First Name | Middle Initial | Last Name

Address Unit No. | Street No. | Street

City	Province	Postal Code
Home Phone	Work Phone	Email

What would you like the City to do?

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.

Claimant Signature:	Date