

Claims Form

(all required fields indicated by an asterisk)

NOTE: THERE IS A 10 DAY NOTICE PERIOD FOR PROVIDING THE TOWNSHIP WITH NOTICE OF CERTAIN TYPES OF CLAIMS AND A TWO-YEAR LIMITATION PERIOD FOR BRINGING AN ACTION IN RESPECT TO ALL CLAIMS.

Claimant's personal information

First Name *

Last Name *

Mailing Address *

City *

Phone Number *

Phone number type *

Home

Cell

Email address *

Supporting Documentation

Please provide original receipts, repair estimates, photographs or other evidence to substantiate your claim

Estimated amount of claim *

Date of Loss/Date of Incident *

Did the incident occur as a result of work being performed by a contractor? *

Yes

No

If yes, please provide the name of the Contractor or the contact person, if known.

Did an emergency personnel attend such as paramedics, police or fire? *

Yes

No

If yes, please provide names(s), badge #, occurrence #, contact information and file number(s)

Description of Incident *

Has this incident been reported to anyone at the Township? *

Yes

No

If yes, provide the name of the Township employee or department involved.

Witness Information

Witness First Name

Witness Last Name

Witness Mailing Address

Witness City

Witness Province**Witness Postal Code****Witness Phone Number****Witness Phone Number Type** Cell Home**Witness Email****Agreement**

The information provided herein is factual and a true account of my claim. I understand that all fraudulent claims cost all taxpayers, and for this reason, all fraudulent claims will be prosecuted to the full extent of the law.

I agree to Terms * Yes**Signature**

Personal information on this form is collected under the authority of Section 10(1) of the Municipal Act, 2001, S.O. 2001, c.25, as amended and will be used to contact you concerning your service request/inquiry to the Township of Centre Wellington. Questions about this collection should be directed to:

Township of Centre Wellington

1 MacDonald Square

Elora, ON

N0B 1S0

Emails: claims@centrewellington.ca