## **DAMAGE CLAIM**

(PLEASE PRINT)

FAX:

519-255-6868

E-mail: <a href="mailto:clerks@citywindsor.ca">clerks@citywindsor.ca</a>

TO: Council Services Department

PO Box 1607, 350 City Hall Square, Suite 530

Windsor, Ontario N9A 6S1

NAME: Mr. Mrs. Ms. Miss Miss Miss Mr. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs				
CITY:	PROVINCE:	POSTA	L CODE:	
HOME PHONE:	BUSINESS PHONE:		ext.	
DETAILS OF INCIDENT:				_
DATE OF INCIDENT:	TIME OF INCID	ENT:		
LOCATION:				
<b>DETAILS:</b> Please provide <u>SPECIFIC</u> information regard	ding incident.			
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				_
ATTACHMENTS: (estimates, receipts, photos, etc.)	YES	NO 🗌	FORTHCOMING	
SIGNATURE:	DATE: (MM	/DD/YYYY)		
NOTE: Any person who, with intent to defraud application or files a claim containing a false or dece			ud against an insurer, submits a	n
If you have any knowledge that the alleged damages might have please report this information to the Council Services Department	9	•	actor on behalf of the City or a public utilit	у,
The personal information on this form is collected under the author the damage claim and will be supplied to the City of Windsor's in about this collection of information can be made to the Supervisor	surance adjuster and to those from	n whom the City is cla		_
FOR OFFICE USE ONLY:  Acknowledgement Card Given At Counter On	Initia	ıls		
Acknowledgement Card Mailed On	Initia	ıls		