

### Claim Form

Note: Written notification of claim may be required within ten (10) days of the incident.

#### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *Province* *Postal Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Incident Details

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Details of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Property Damage or Injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please provide/attach photos, invoices and any other relevant documentation in support of your claim.**

Witness to Incident: \_\_\_\_\_

Contact Information: \_\_\_\_\_

What would you  
like the  
Municipality to do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Authorization

*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.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send form to:

Municipality of Kincardine  
c/o Clerks Department  
1475 Concession 5  
RR 5  
Kincardine, ON  
N2Z 2X6  
Fax: (519) 396-8288  
Email: [clerk@kincardine.ca](mailto:clerk@kincardine.ca)

Personal information is collected under the authority of the *Municipal Act, 2001, S.O. 2001, c. 25* for the purpose of creating a record of written notification of a claim. Questions about the collection may be addressed to the Clerk of the Municipality of Kincardine, 1475 Concession 5, R.R. 5 Kincardine, ON N2Z 2X6 Phone: (519) 396-3468