ST. JOHN'S	LEG – General Claim Form	Legal Department

Claim Notification Form
General Claim Notification

Contact Information — SECTION 1

Claimant's Name _____

Address _____

City/Town _____ Postal Code _____

Telephone _____ (home) _____ (work) _____ (cell)

Email Address _____

Type of Claim — SECTION 2

◯ Auto ◯ Sewer/Water ◯ Property ◯ Bodily Injury ◯ Other

Cause of Damage Claimed:

Particulars of Incident — SECTION 3

Date (yyyy/mm/dd) _____ Time _____ ◯ am ◯ pm

Location _____

Witness Name _____

Witness Telephone _____ (home) _____ (work) _____ (cell)

Witness Email Address _____

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Description of Incident — SECTION 4

Description of Damage/Injuries — SECTION 5

Signature of Claimant — SECTION 6

Claimant's Signature

Date (YYYY-MM-DD)

Note: Please use additional paper if space provided is not adequate. Also, please attach any additional documentation, if available, to fully document your claim, such as photos of the damage, photos of the area where the incident occurred, invoices, receipts, etc.

Privacy Notice — SECTION 7

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of adjudicating and processing claims. Questions about the collection and use of the information may be directed to the City Solicitor, Legal Department (claims@stjohns.ca – email) or (709-576-8641– telephone).

Please submit completed form to:

Mail:

Legal Department
P.O. Box 908
10 New Gower Street
St. John's, NL A1C 5M2

or

Email:

claims@stjohns.ca

For further information:
Phone: (709) 576-8641
Email: claims@stjohns.ca