

NOTICE OF CLAIM

RETURN TO:

OFFICE OF THE CITY CLERK
CITY OF SURREY
13450 104 AVENUE
SURREY, BC V3T 1V8 (Fax: 604-501-7578)
CLERKS@SURREY.CA

RISK MANAGEMENT CLAIM NUMBER:

(Office Use Only)

Note: This form must be COMPLETED IN FULL

PLEASE PRINT CLEARLY

NAME: _____ HOME PHONE: _____

ADDRESS: _____ WORK/CELL PHONE: _____

CITY: _____ POSTAL CODE: _____ EMAIL: _____

EXACT ADDRESS WHERE DAMAGE OCCURRED: _____

EXACT DATE AND TIME DAMAGE OCCURRED: _____

ARE YOU OR A MEMBER OF YOUR HOUSEHOLD A City of Surrey EMPLOYEE? Yes No

The reason that I believe I have a claim against the City of Surrey is as follows:

As a result of the circumstances described above, I suffered the following damage:
(Indicate your estimated cost to repair damage.)

I fully understand that this official notice setting forth the time, place and manner in which I sustained damage **must be delivered to the City Clerk in writing within two months** from the date on which I sustained the damage. (Section 736 of the "Local Government Act," R.S.B.C. 2015, c. 1)

Important: I acknowledge that the City's receipt of this notice does not constitute its acceptance of liability for any damage or loss I sustained, nor has the City provided any advice to me regarding the adequacy of this notice. I acknowledge that the City is not prevented by receipt of this notice from arguing the adequacy of the notice.

Signed: _____

Date: _____

(If you do not feel you have sufficient space please attach additional information to this Claim form)