



GENERAL CLAIM – APPLICATION

***To be completed by a partying claiming the City is responsible for damages to their property or person*.
Claims may be submitted by fax, e-mail, mail or in person to the Municipal Enforcement Department, building 2425**

Name of Person(s) involved: _____

Address _____

City _____ Province/Territory _____ Postal Code _____

Phone Number: _____ Fax _____ E-mail (optional) _____

Location of Incident _____

Date & Time of Incident _____

Amount of Claim: \$ _____

Describe the events that caused the damage/injury?

Was damage/injury reported to City of Iqaluit? _____

To whom? _____ On what Date? _____

If this is not the first time the damaged was reported, when was the incident/damage **first** reported?

Describe damage of property/injury.

Please list witness names and, if known, their telephone number/e-mail address:

NAME	TELEPHONE NUMBER	E-MAIL

Please provide estimate for repair of damages or attach any quotations for repair. If damage has been repaired, please attach invoices.

NOTE: If this loss is covered by an insurance policy, the policy holder should report this incident to the insurer.

Has this claim been reported to your insurer? _____ Name of insurer: _____

Contact Information for insurer: _____

Claim Number: _____ Policy Number: _____

If you were personally injured, please describe injuries suffered:

Why do you feel the City of Iqaluit is responsible and what would you like the City to do?

NOTE: The City of Iqaluit is not responsible for damages or losses that occur that could have been prevented by reasonable steps taken by the property owner to prevent further losses.

CERTIFICATION OF CLAIM:

I solemnly swear/affirm that I am the owner/occupier of the property damaged and/or I have suffered injury, that the foregoing is a correct and accurate statement as to the damages incurred and that I have no insurance of any type under which such damage may be recoverable.

Signature

(print name)

Date