



Statement of Damage/Injury Form

This form may be submitted to Legislative Services by email, mail, or in person at legislativeservices@edson.ca; PO Box 6300, 605 50 St, Edson AB, T7E1T7. Please append any supporting documentation relevant to the damage/injury that may assist in the assessment of liability.

Submission of this form in no way infers acceptance of any liability by the Town for the stated damages. Be aware that there are notice periods for providing the Town with notice of certain types of claims, and limitation periods with respect to all claims.

Full Name:

Home Address:

Mailing Address (If Different from Home Address):

Phone Number: **Email Address:**

What type of claim is this?

Auto Property Injury Sewer Backup Other

Date of Incident/Damage: **Time of Incident/Damage:**

Description of Incident/Damage

Include as much detail as possible, including the year/make/model/mileage/date of last repair for auto claims. If there is not enough space on the form provided, please include additional documents to support your claim.

Location of Incident/Damage

Please be specific with direction of travel, lane, closest intersection or reference point and enclose diagram if needed, as applicable.

The information in this form is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. It will be used to administer the Town of Edson's insurance claims program, and may be used by the Town's Insurer for the purposes of processing your claim. The personal information provided will be protected in accordance with Part 2 of the Act. If you have any questions regarding the collection, use and disclosure of personal information, please contact the FOIP Coordinator at 780.723.4401; PO Box 6300; 605 50 St, Edson AB, T7E1T7; foip@edson.ca.



When was the damage/injury first reported to the municipality, and to whom?

Cost Assessment/Claim Amount

Please include supporting documentation such as photos, estimates, or receipts, and information on how these were calculated.

Witnesses (If Any)

Please provide the names, addresses, and telephone numbers of any witnesses and municipal staff involved in this incident.

Was this claim reported to the RCMP:

Yes No

Constable's Name:

Case Number:

State why you feel the municipality should be responsible for your damage/injury and what you would like the Town to do in response.

I solemnly declare that the above statement is true to the best of my knowledge and belief, and that I understand that it may be used for evidence in court.

Submission Date

Signature

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