



CLAIM INFORMATION

What should I do if I have a claim and believe that the Municipality is responsible?

- Contact your insurance company as your policy may provide coverage for your loss.
- Document damages or injuries with photographs, invoices and receipts. Keep any damaged property available for inspection at a later date.
- To submit a claim, follow the procedures outlined below. Each claim will be examined individually and assessed on its own merit.

How Do I Submit a Claim to the Municipality?

Submit a letter or Notice of Claim either by mail, e-mail or in person to:

Municipality of Crowsnest Pass
PO Box 600, Crowsnest Pass, T0K 0E0
Tel: 403-562-8833; Fax: 403-563-5474

Website: www.crowsnestpass.com; E-mail: reception@crowstestpass.com

Your claim should describe the damage or injury, how it happened, the location, date and time of occurrence. Identify any persons, equipment or other circumstances surrounding the incident and describe why you believe the Municipality is responsible. Include your name, mailing address and telephone number.

About Your Claim

When the Municipality receives your claim, you will receive a written reply acknowledging receipt. We will start an investigation, which may include visiting the incident location, inspecting the damage, obtaining documents, and speaking to employees or other persons who may have knowledge of the situation. Once we have completed our review, we will notify you of the Municipality's position in writing.

Like most Canadian municipalities, the Municipality of Crowsnest Pass provides compensation only when it is legally liable. The intent is to ensure due diligence for the taxpaying public, who ultimately bear the cost of these claims.

Pursuant to the *Municipal Government Act*,
a person making a claim against the Municipality of Crowsnest Pass must do so in writing within 30 days of the incident, or within 21 days if the incident involves snow, ice or slush on roads or sidewalks.

This information is merely a guide to assist with the Municipality's claims process and is not intended to be a substitute for legal advice. If you have questions of a legal nature, please consult a lawyer.



NOTICE OF CLAIM

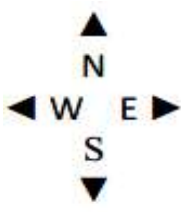
This Notice of Claim is for information only and does not infer acceptance of liability by the Municipality of Crowsnest Pass

The information requested is to obtain factual information regarding an incident or issue under authority of the Freedom of Information and Protection of Privacy Act Section 33 (c). The information may be disclosed to interested parties for follow-up, investigation or litigation.

CLAIMANT'S PERSONAL INFORMATION		
First Name:	Last Name:	
Mailing Address:		
City:	Province:	Postal Code:
Home Phone:	Alternate Phone:	
E-mail:		
CONTACT INFORMATION (if different from above)		
First Name:	Last Name:	
Mailing Address:		
City:	Province:	Postal Code:
Home Phone:	Alternate Phone:	
E-mail:		
INCIDENT DETAILS		
Incident Date:	Time of Incident:	a.m./p.m.
Incident Location or Facility: (Be as specific as possible, stating the street address if applicable.)		
Persons or Equipment Involved:		
Description of Damage or Injury:		
Estimated Amount of Claim: (To substantiate your claim, provide original purchase receipts, repair estimates and photos.)		
\$		

Description of Incident: (And why you believe that the Municipality of Crowsnest Pass is responsible.)

WITNESS INFORMATION		
First Name:	Last Name:	
Mailing Address:		
City:	Province:	Postal Code:
Home Phone:	Alternate Phone:	
E-mail:		

DIAGRAM
 <p>A simple compass rose diagram with four arrows pointing towards the cardinal directions. The letters N, S, E, and W are placed in the center of each arrow's shaft.</p>

The information provided is a factual and true account of my claim.

Signature:

Signature: