

NOTICE OF CLAIM AGAINST THE CITY OF VERNON

DATE SUBMITTED: _____

Please submit your completed form to the Financial Services Division located at the above address.
Your claim form must be complete and legible. If you have any photos or receipts attached copies to this form.

1) NAME OF CLAIMANT: MR/MRS/MS/MISS _____

2) DATE OF BIRTH: *THIS IS REQUIRED ONLY IF THE CLAIM IS FOR BODILY INJURY. MONTH/DAY/YEAR* _____3) ADDRESS OF CLAIMANT: _____

4) TELEPHONE: (HOME) _____ (BUSINESS) _____

5) EMAIL ADDRESS: _____

6) DATE OF INCIDENT/ ACCIDENT: *MONTH/DAY/YEAR* _____

7) TIME OF INCIDENT/ ACCIDENT: _____ AM/PM

8) LOCATION OF INCIDENT/ ACCIDENT: _____
*(ADDRESS OR NEAREST INTERSECTION, DIRECTION OF TRAVEL, ENCLOSE MAP OR DIAGRAM IF NEEDED)*9) DESCRIPTION OF INCIDENT/ ACCIDENT:
(ATTACH ADDITIONAL PAGES IF REQUIRED; INCLUDE PICTURES, IF POSSIBLE.)



10) DID THE DAMAGES OCCUR AS A RESULT OF WORK BEING PERFORMED BY A CONTRACTOR ON BEHALF OF THE CITY? (YES/NO)

11) IF YES, PLEASE PROVIDE NAME OF THE CONTRACTOR AND CONTACT NAME, IF KNOWN:

(NOTE: IF YES, YOUR CLAIM WILL BE FORWARDED TO THE CONTRACTOR.)

12) NAMES AND CONTACT INFORMATION OF WITNESSES, IF APPLICABLE:

13) IS THIS YOUR FIRST REPORT OF THIS INCIDENT TO THE CITY? (YES/NO)

14) IF NO, IDENTIFY THE EMPLOYEE OR DEPARTMENT CONTACTED AND THE DATE OF CONTACT:

EMPLOYEE/DEPT:

DATE: MONTH/DAY/YEAR

15) STATE WHY YOU FEEL THE CITY SHOULD BE RESPONSIBLE FOR YOUR DAMAGE/INJURY AND WHAT YOU WOULD LIKE THE CITY TO DO.

16) AMOUNT OF CLAIM *(ATTACH SUPPORTING DOCUMENTATION)*: \$ _____

THE INFORMATION PROVIDED HEREIN IS A CORRECT AND ACCURATE STATEMENT AS TO THE DAMAGES INCURRED. I UNDERSTAND THAT FRAUDULENT CLAIMS COST ALL TAXPAYERS, AND FOR THIS REASON, ALL FRAUDULENT CLAIMS WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.

SIGNATURE OF CLAIMANT: _____

DATE:

PLEASE NOTE: THIS STATEMENT IS FOR INFORMATION PURPOSES ONLY AND ITS RECEIPT IN NO WAY INFERS ACCEPTANCE OF ANY RESPONSIBILITY BY THE CITY OF VERNON FOR THE STATED DAMAGES.

PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF SECTION 33(C) OF THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT AND WILL BE USED TO PROCESS CLAIMS AGAINST THE CITY OF VERNON. IT MAY BE DISCLOSED TO THIRD PARTIES TO VERIFY THE INFORMATION RECEIVED. IT IS PROTECTED BY THE PRIVACY PROVISIONS OF THE ACT. IF YOU HAVE ANY QUESTIONS ABOUT THE COLLECTION, USE OR DISCLOSURE, CONTACT THE CORPORATE SERVICES DIVISION @ (250) 550-3524.

