



CITY OF OWEN SOUND
 808 2nd Avenue East
 OWEN SOUND ON N4K 2H4
 Telephone: (519) 376-1440
 Fax: (519) 371-0511
 E-mail: lstewart@owensound.ca

LIABILITY CLAIM INFORMATION SHEET

(Written notification of claim may be required within ten (10) days of incident)

Name: _____

Address: _____

Postal Code: _____

Telephone: _____

Email: _____

Date of incident: _____

Location: _____

Time: _____

Description of incident: _____

Damages/injuries incurred: _____

Is Compensation being sought?: YES NO If yes, please describe:

If injured, did claimant go to hospital: YES NO

Witness to incident: _____

Person who filled out form: _____

Date recorded: _____

I agree to allow pertinent personal information contained on this form to be used by the departments or institutions affected by the claim and by such individuals, specifically adjusters or legal counsel, who could reasonably be expected to require such information.

 Signature



If you wish to make a claim against the City of Owen Sound, please complete the form and return by:

1. email to lstewart@owensound.ca
or
2. mail to Lauren Stewart
City of Owen Sound
808 2nd Avenue East
Owen Sound, ON N4K 2H4

Contact the Purchasing and Claims Coordinator, Lauren Stewart at 519-376-4440 ext. 1242 or by email at lstewart@owensound.ca if you have questions on how to fill out the form.

We will send you a letter to let you know we received your claim and give you information on who to contact during the claim process.