

Notice of Claims

NOTICE OF CLAIM FORM IS ATTACHED ON THE NEXT PAGE.

PLEASE READ THIS INFORMATION BEFORE SUBMITTING YOUR NOTICE OF CLAIM FORM.

Time Limitation

The *Local Government Act* states that you must submit your notice of claim within two months from the date in which you sustained a loss. Other limitation dates may also apply.

Without Prejudice

Any comments or actions by the City of Maple Ridge in response to your complaint are strictly without prejudice. Comments made to you by staff or representatives of the City of Maple Ridge are not to be taken as an admission of liability or as confirmation of any cause of action you might have. Similarly, by submitting this form, you are not waiving any of your rights. Submission of a claim does not guarantee any compensation for damages as compensation is based solely the City insurer's determination of the City's liability.

Proper Notice

A phone call or visit to the Municipal Hall does not constitute as a notice of claim under the *Local Government Act* unless notice of your claim is also provided in writing.

Not Legal Advice

This information is **not** legal advice. You may wish to consult with legal counsel about your claim to obtain legal advice.

More Information

More information about claims can be found on our website at mapleridge.ca/claims.

(NOTICE OF CLAIM FORM ON NEXT PAGE)

Notice to be submitted to:

Corporate Officer, City of Maple Ridge
11995 Haney Place, Maple Ridge, BC, V2X 6A9
clerks@mapleridge.ca | 604-463-5221

If you believe that you or your property has sustained damage as a result of actions by the City of Maple Ridge and wish to make a claim, you must complete this Notice of Claim Form and submit it within **two (2) months from the date on which the claim incident occurred and damage was sustained**, in accordance with Section 736 of the *Local Government Act*.

Personal information submitted on this form is collected by the City under the authority provided by section 26(c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of processing your claim. This information will be shared with our insurer(s) to process your claim. If you have any questions or concerns about how your information will be used, contact the FOI Office by calling 604-466-4300 or by emailing FOI@MapleRidge.ca. For more information about FOIPPA at the city, please visit our Freedom of Information page at mapleridge.ca/foi.

First Name	Last Name
Street Address	City
Province	Postal Code
Phone Number	Alternate Phone Number (if any)
Email	
Address/Location of Incident	Date/Time of the Incident
Type of Incident: <input type="checkbox"/> Property Damage <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Other	
Details of the Incident (Please attach any additional supporting documents or further details to this Claim Form)	

FLIP FORM OVER FOR NEXT PAGE.

Loss/Damages Resulting from Incident

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I confirm that by signing this Notice of Claim Form, I have read and understand this Notice of Claim form in its entirety and I understand that:

- Per section 736 of the Local Government Act, notice of a claim must be provided within two (2) months of the date on which the damage was sustained
- There may be other limitation periods that apply to this claim
- The written notice must set out the time, place, and manner in which the damage was sustained
- Submission of a claim does not guarantee any compensation for damages as compensation is based solely the City insurer's determination of the City's liability
- Any comments or statements made by the City of Maple Ridge, including City staff, are strictly without prejudice and do not constitute admission of liability or as confirmation of any cause of action you may have for this claim
- By submitting this form, you are not waiving any of your rights
- A phone call or visit to the Municipal Hall does not constitute notice of claim under the *Local Government Act* unless notice of your intention to claim is also provided in writing
- This information is not legal advice and you should consult legal counsel if you wish to obtain legal advice.

Claimant Signature

Date

FOR CITY USE ONLY

File No.

Date Received: YY/MM/DD