



NOTICE OF CLAIM FORM

BY PROVIDING YOU WITH THIS FORM, THE TOWN OF COCHRANE DOES NOT ADMIT ANY LIABILITY FOR THE DAMAGES. THIS FORM IS SOLELY USED FOR INVESTIGATION PURPOSES OF THE INCIDENT DESCRIBED BELOW.

For completion by the claimant (party claiming the Municipality is responsible for damages to their property or person)

TYPE OF INCIDENT

Vehicle Damage
 Property Damage
 Personal Injury

TIME & PLACE OF INCIDENT

Date	Time	Location
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REPORTING OF INCIDENT TO THE TOWN OF COCHRANE

Has this incident previously been reported to the Town of Cochrane? YES NO

If **YES**, provide the date when reported:

If **YES**, provide the name of individual incident was reported to:

YOUR INFORMATION (claimant)

Last Name, First Name		Driver's License No.	Province
Address		Daytime Phone No.	Email
Business Name & Address (if applicable)		Business Phone No. (if applicable)	

VEHICLE INFORMATION (if applicable)

Year	Make	Model	License Plate No.
Name of Insurer		Policy No.	Claim number (if applicable)
Name of Driver (if different from above)	Address of Driver (if different from above)		Phone No.

AMOUNT OF CLAIMANT'S PROPERTY DAMAGE OR LOSS

(Attach two estimates of the cost of repairs)

Total Amount: \$

DESCRIPTION OF LOSS/INJURY

Description of incident and cause of damage/injury. Attach separate page(s) if necessary.

WHY DO YOU FEEL THE TOWN OF COCHRANE IS RESPONSIBLE AND WHAT WOULD YOU LIKE THE TOWN TO DO?

WITNESSES

Provide witness information if witnesses were present during the incident.

Witness 1 – Last Name, First Name	Witness 2 – Last Name, First Name
Address	Address
Daytime Phone No.	Daytime Phone No.
Email	Email

Submit this form and supporting documentation (pictures, repair estimates, etc.) to:

claims@cochrane.ca or 101 Ranchehouse Road, Cochrane, AB T4C 2K8, ATTENTION: Risk Management Advisor

Signature

Date

FOIP Notification:

The personal information on this form is being collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy (FOIP) Act. Your personal information may be used by the Town of Cochrane for the purpose the information was collected or compiled or for a use consistent with that purpose. Your personal and financial information will be managed in accordance with FOIP. If you have any questions about the collection, use, or disclosure of your personal information, please see this link: www.cochrane.ca/government/freedom-information