



## Statement of Damage / Injury Form

This form may be submitted to Legislative Services by email, mail, or in person at [legislativeservices@hinton.ca](mailto:legislativeservices@hinton.ca) ; 2nd Floor, 131 Civic Centre Road, Hinton, Alberta, T7V 2E5.

Please attach any supporting documentation relevant to the damage/injury that may assist in the assessment of liability.

Submission of this form in no way infers acceptance of any liability by the Town for the stated damages. Be aware that there are notice periods for providing the Town with notice of certain types of claims, and limitation periods with respect to all claims.

### Section 1: Claimant Information

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/ Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Section 2: Claim Details

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**Type of Claim** (check one): Auto  | Property  | Injury  | Sewer Backup  | Other

**Date of Incident/Damage** (MM/DD/YYYY) : \_\_\_\_\_

**Time of Incident/Damage:** \_\_\_\_\_

**Location of Incident/Damage:** Please be specific referencing direction of travel, lane and closest intersection or reference point and enclose diagram or map if needed.

**Description of Incident/Damage:** Please include as much detail as possible, including the year/make/ model/ mileage/ date of last repair for auto claims.

**When was the damage/injury first reported to the municipality, and to whom?**

**Cost Assessment/Claim Amount:** Please include supporting documentation such as photos, estimates, or receipts, and information on how these were calculated.

**Witness Information:** If there is mulitple witnesses please add to "Additional Details" section below.

**Witness Name:** \_\_\_\_\_

**Witness Phone:** \_\_\_\_\_

**Witness Email:** \_\_\_\_\_

**Witness Address:** \_\_\_\_\_

Reported to RCMP: Yes  No

Case Number: \_\_\_\_\_

Constable's Name: \_\_\_\_\_

### **Declaration**

I solemnly declare that the above statement is true to the best of my knowledge and belief.

Signature \_\_\_\_\_

Submission Date \_\_\_\_\_

**Additional Details:** Please specify which question the information applies to.

*The personal information collected on this form will be used to respond to your Statement Of Damage/ Injury Form. This collection is authorized by section 4 (c) of the Protection of Privacy Act. For questions about the collection of personal information, contact the Privacy Officer of the Town of Hinton at [legislativeservices@hinton.ca](mailto:legislativeservices@hinton.ca).*