



CITY OF OWEN SOUND
808 2nd Avenue East
OWEN SOUND ON N4K 2H4
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LIABILITY CLAIM INFORMATION SHEET

(Written notification of claim must be received within ten (10) days of incident)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code) \_\_\_\_\_

Telephone: (W) \_\_\_\_\_ (H) \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location and Time: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Damages/Injuries Incurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If injured, did claimant go to hospital:  YES  NO

Witness to Incident: \_\_\_\_\_

Information Recorded by: \_\_\_\_\_

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, that could reasonably be expected to require such information.

\_\_\_\_\_  
Signature

OFFICE USE ONLY:

Insurance Adjusters Notified: \_\_\_\_\_ Date: \_\_\_\_\_ Time

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_