



**CITY OF OWEN SOUND**  
 808 2<sup>nd</sup> Avenue East  
 OWEN SOUND ON N4K 2H4  
 Telephone: (519) 376-1440  
 Fax: (519) 371-0511  
 E-mail: dkitchener@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 [dkitchener@owensound.ca](mailto:dkitchener@owensound.ca)  
or
2. mail to Dee Kitchener  
City of Owen Sound  
808 2<sup>nd</sup> Avenue East  
Owen Sound, ON N4K 2H4

Contact the Purchasing, Risk and Asset Management Coordinator, Dee Kitchener at 519-376-4440 ext. 1242 or by email at [dkitchener@owensound.ca](mailto:dkitchener@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.