



Municipality of Dysart et al

135 Maple Ave., P.O. Box 389,

Haliburton, ON K0M 1S0

Phone: 705-457-1740

Fax: 705-457-1964

Email: info@dysartetal.ca

Claim Report

Information on the Municipality of Dysart et al's claims process can be found on our website at <https://www.dysartetal.ca/en/municipal-government/claims.aspx>.

Please email the completed form to aduncombe-lee@dysartetal.ca or print and fax it to (705) 457-1964. The completed form may also be delivered to the Municipal Office at 135 Maple Avenue in Haliburton, Ontario.

Please note: There is a ten (10) day notice period for certain types of claims. There is also a two (2) year limitation period for bringing legal action with respect to most claims.

Personal Information of Claimant

First Name:

Last Name:

Address:

City/Town:

Province/State:

The personal information collected to investigate your claim is collected under the authority of the Municipal Act, 2001 and the Insurance Act of Ontario and will be disclosed to staff and service providers who require the information to investigate your claim.

Postal/Zip Code:

Telephone Number:

Email Address:

Contact Information (If different from above)

First Name:

Last Name:

Address:

City/Town:

Province/State:

Postal/Zip Code:

Telephone Number:

Email Address:

The personal information collected to investigate your claim is collected under the authority of the Municipal Act, 2001 and the Insurance Act of Ontario and will be disclosed to staff and service providers who require the information to investigate your claim.

Incident Information:**Incident Date:****Incident Time:****Incident Location (Please provide exact address or closest intersection):****Description of Incident:**

Please detail any property damage or injury sustained and include any photos, invoices/quotations and any other relevant documentation in support of your claim along with this form.

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Emergency Personnel Attended (Check all that apply):

☐

Fire

☐

Paramedic

☐

Police

Other:

Officer Name:

Officer Badge Number:

Police Report Number:

Action Taken:

Witness Information (if applicable):

Witness #1:

First Name:

Last Name:

Telephone Number:

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Email Address:

Witness #2:

First Name:

Last Name:

Telephone Number:

Email Address:

Reporting Information:

Is this your first time reporting this incident to the Municipality? ☐ Yes ☐ No

If no, please identify the person you reported the incident to:

Additional Information or Comments:

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Today's Date:

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Acknowledgement and Submission:

I acknowledge that the information herein is true and I understand that false or fraudulent claims cost all taxpayers, and for this reason any such claims will be prosecuted to the full extent of the law.

☐ **I agree**

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