VILLE DE MONT-ROYAL TOWN OF MOUNT ROYAL

NOTICE OF CLAIM

You have the choice of filling out this form before of after printing it. For your claim to be valid, you must provide the Town with a notice within fifteen days of the date of the incident (using either this form or a detailed letter), as mentioned in Section 585 of the Cities and Towns Act (R.S.Q., Chapter C-19).

Forward by mail or in person to the Town Clerk, 90 Roosevelt Avenue, Mount Royal (Quebec) H3R 1Z5. **Important: Please make sure to provide a telephone number.**

Personal Information

☐ Mr. ☐ Mrs. Name: _____ First name: _____

Address: _____ Postal Code: _____

Telephone: _____ E-mail: _____

Information on the incident

Date and time of incident: _____ _____
yyyy / mm / dd *hh : mm*

Location of incident: _____

Type of incident: _____

Details of incident: _____

Report issued by: ☐ SPVM Report No.: _____

☐ Public Security Report No.: _____

Incident witness(es): (*if applicable*)
Name: _____
Address: _____
Telephone: _____

Personal insurer informed of incident: ☐ Yes ☐ No
Insurance policy No.: _____
Name of insurer: _____
Address of insurer: _____

Photos attached: ☐ Yes ☐ No

Estimate attached: ☐ Yes ☐ No

Estimated value of damages: _____

Date : _____ Signature : _____
yyyy / mm / dd

To be filled out by Town of Mount Royal

Date of receipt: _____ **Received by:** _____
yyyy / mm / dd