



City of Delta
4500 Clarence Way
Delta, BC V4K 3E2
604-946-4141

NOTICE OF CLAIM

For Completion by a party claiming the City of Delta is responsible for damages to their property or person

NAME: _____

(PLEASE PRINT)

ADDRESS _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

HOME PHONE: _____ CELL/WORK: _____

EMAIL: _____

Date of Incident: _____ Time: _____

Location of Incident: _____

Details of Incident:

(Attach additional page(s) if required)

STATE WHY YOU FEEL THE CITY OF DELTA SHOULD BE RESPONSIBLE FOR YOUR DAMAGE/INJURY:

(Attach additional page(s) if required)

Return to: City of Delta, 4500 Clarence Taylor Crescent, Delta, BC V4K 3E2
Attention: City Clerk
Email: CityClerk@delta.ca

Please Note: This statement is for information purposes only and its receipt in no way infers acceptance of any responsibility by this City for the stated damages.

It is a requirement under Section 736 of the *Local Government Act* to provide notice to the City in writing of the time, place and manner in which the damage was sustained, **within two months** of the date the loss or damage occurred.