



General Claim - Application

Legislative Services - Parkland County
 53109A Highway 779
 Parkland County, AB T7Z 1R1
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***To be completed by a party claiming the County is responsible for damages to their property or person.* Claims may be submitted by fax, email, mail or in person.**

Name of person(s) involved: _____

Home Address: _____ Home Phone: _____

Email Address (optional): _____ Cell Phone: _____

Incident Location: _____ Incident Date & Time: _____

Description of damaged property/injury:

Indicate **cause** of damage/injury:

To whom was the incident/damage first reported?

When was the incident/damage first reported?

Why do you feel Parkland County is responsible and what would you like the County to do?

Amount of Claim (Please attach 2 estimates for repair and any applicable photos)

CERTIFICATION OF CLAIMANT:

I certify that I am the owner/occupier of the property damaged, that the foregoing is a correct and accurate statement as to the damages incurred and that I have insurance of any type under which such damage may be recoverable.

 Signature

 Date

Collection and use of personal information: Personal information is being collected under the authority of the *Municipal Government Act (MGA)* and the *Freedom of Personal Protection of Privacy Act (FOIP)* and is managed in accordance with the provisions of FOIP. This information will be used to process your claim. It may be disclosed to third parties to verify the information given. If you have any questions about the collection and use of your personal information, contact Legislative Services at 780-968-8232.