



Town of Baie-D'Urfé
 20 410, chemin Lakeshore
 Baie-D'Urfé (Québec) H9X 1P7
 Tel.: 514 457-5436
baie-durfe.qc.ca

NOTICE OF CLAIM

DATE OF INCIDENT / ACCIDENT : _____

SURNAME : _____ GIVEN NAME : _____

ADDRESS : _____ CITY : _____

POSTAL CODE : _____ PROVINCE : _____

TEL. : HOME : _____ BUS. : _____ CELL. : _____

E-MAIL : _____

PLACE OF INCIDENT / ACCIDENT : _____

POLICE REPORT : NO YES YES, NUMBER : _____

ATTACHED DOCUMENTS : COST ESTIMATE INVOICE / RECEIPT PHOTO

DETAILS AND CAUSE OF INCIDENT / ACCIDENT : _____

DAMAGES OBSERVED TO: _____

IF APPLICABLE : Car repaired Not repaired

BRAND : _____ MODEL : _____ YEAR : _____

COLOUR : _____ LICENSE PLATE NO. : _____

TICKET NO (if applicable) : _____

REMARKS : _____

SIGNATURE : _____ DATE : _____

The Town of Baie-D'Urfé must receive for material damages a **written notice within 15 days following the accident** as per the *Cities and Towns Act of Quebec*.

Please enclose all pertinent documents with your claim. This form is supplied only to accommodate the claimant and the Town of Baie-D'Urfé assumes no responsibility as to the manner it is completed.

RETURN TO THE FOLLOWING EMAIL ADDRESS: greffe@baie-durfe.qc.ca