



City of Maple Ridge
Notice of Claim

Attn: Claims Dept. - Clerk's
City of Maple Ridge
11995 Haney Place
Maple Ridge, BC V2X 6A9
Tel: 604-463-5221 Fax: 604-467-7329
Email: clerks@mapleridge.ca

Name:
Address: Postal Code:
Telephone: (Home) (Work):
Cell #: Email:
Preferred Method of Contact: (check one) Email Cell Other
Date Damage/Incident Occurred:
Address Where Damage/Incident Occurred:

Please accept this form as my official Notice of Claim to the City of Maple Ridge. The cause for my claim is described as follows:

[Blank lines for describing the claim]

As a result of the above-mentioned circumstances, I have suffered the following damage/injuries: (Indicate your cost to repair any damage and attach receipts, or photographs):

[Blank lines for describing damage/injuries]

I fully understand that this report must be filed with the City of Maple Ridge within two (2) months after the date on which the damage has been sustained. (Section 736 of the Local Government Act)

I understand I may obtain legal advice to further assist me with this claim.

Date: Signature: