



City of Clarence-Rockland
Corporate Services – Clerk's Office
1560 Laurier Street
Rockland ON K4K 1P7
Tel: 613.446.6022
Fax: 613.446.1497
Email: mouellet@clarence-rockland.com

Claimant – Personal Information

Contact Name : _____
Address : _____ City: _____ Province: _____ Postal Code: _____
Home Phone : (____) ____ - ____ Work Phone : (____) ____ - ____ Cell Phone : (____) ____ - ____
Email: _____

Contact Information (if different from above)

Contact Name : _____
Address : _____ City: _____ Province: _____ Postal Code: _____
Home Phone : (____) ____ - ____ Work Phone : (____) ____ - ____ Cell Phone : (____) ____ - ____
Email: _____

Incident Information : You may attach receipts and photos.

Date of Incident: _____ Time of Incident: _____ Location of Incident: _____
Description : _____

Compensation for damages being sought : _____

Witness Information (1)

Contact Name : _____
Address : _____ City: _____ Province: _____ Postal Code: _____
Home Phone : (____) ____ - ____ Work Phone : (____) ____ - ____ Cell Phone : (____) ____ - ____
Email: _____

Witness Information (2)

Contact Name : _____
Address : _____ City: _____ Province: _____ Postal Code: _____
Home Phone : (____) ____ - ____ Work Phone : (____) ____ - ____ Cell Phone : (____) ____ - ____
Email: _____

The information provided herein is true. I understand that fraudulent claims cost all taxpayers, and for this reason, all fraudulent claims will be prosecuted to the full extent of the law.

Signature

Date

Any information which you provide on this form will be kept confidential. Personal information on this form is collected under the authority of the Municipal Act 2001, S.O, 2001, C. 25 and will be used to process your claim with the City of Clarence-Rockland.