

What should I do if I have a claim and believe that the City is responsible?

- Contact your insurance company as your policy may provide coverage for your loss.
- Document damages or injuries with photographs, invoices and receipts. Keep any damaged property available for inspection at a later date.
- To submit a claim, follow the procedures outlined below. Each claim will be examined individually and assessed on its own merit.

How Do I Submit a Claim to the City?

Submit a letter or Notice of Claim either by mail, e-mail or in person to:

Risk and Controls
City of Lethbridge
910 - 4 Avenue South, Lethbridge, AB T1J 0P6
Phone: 311; Fax: 403-320-3822

Website: www.lethbridge.ca; E-mail: claims@lethbridge.ca

Your claim should describe the damage or injury, how it happened, the location, date and time of occurrence. Identify any persons, equipment or other circumstances surrounding the incident and describe why you believe the City is responsible. Include your name, mailing address and telephone number.

About Your Claim

When Risk and Controls receives your claim, you will receive a written reply acknowledging receipt. We will start an investigation, which may include visiting the incident location, inspecting the damage, obtaining documents, and speaking to employees or other persons who may have knowledge of the situation. Once we have completed our review, we will notify you of the City's position in writing.

Like most Canadian municipalities, the City of Lethbridge provides compensation only when it is legally liable. The intent is to provide an equitable policy for the taxpaying public, who ultimately bear the cost of these claims.

Pursuant to the Municipal Government Act,

a person making a claim against the City of Lethbridge must do so in writing within 30 days of the incident, or within 21 days if the incident involves snow, ice or slush on roads or sidewalks.



NOTICE OF CLAIM

This Notice of Claim is for information only and does not infer acceptance of liability by the City of Lethbridge

The information requested is to obtain factual information regarding an incident or issue under authority of the Freedom of Information and Protection of Privacy Act. The information may be disclosed to interested parties for follow-up, investigation or litigation.

CLAII	MANT'S PERSONAL INFORMATION			
First Name:	Last Name:	Last Name:		
Mailing Address:				
City:	Province:	Postal Code:		
Home Phone:	Alternate Phone:	Alternate Phone:		
E-mail:				
CONTACT	NFORMATION (if different from ab	ove)		
First Name:	Last Name:			
Mailing Address:				
City:	Province:	Postal Code:		
Home Phone:	Alternate Phone:			
E-mail:				
	INCIDENT DETAILS			
Incident Date: (DD/MM/YY)	Time of Incident:		a.m./p.m.	
Incident Location or Facility: (Be as specific as possible,	stating the street address if applicable.)			
Persons or Equipment Involved:				
Description of Damage or Injury:				
Estimated Amount of Claim: (To substantiate your clain	n, provide original purchase receipts, rep	pair estimates and photos.)		
\$				

Description of Incident: (And why you believe that the City of Lethbridge is responsible.)				
WITNESS INFORMATION				
First Name:	Last Name:			
Mailing Address:				
City:	Province:	Postal Code:		
Home Phone:	Alternate Phone:			
E-mail:				
DIAGRAM				
N N W E ► S				
The information provided is a factual and true account of my claim.				
Signature:	Date: (DD/MM/YY)			
Signature:	Date: (DD/MM/YY)			

Risk and Controls

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