



City of Corner Brook Claim Form

City Clerk's Office

5 Park Street, P. O. Box 1080, Corner Brook, NL Canada, A2H 6E1

Tel: 709-637-1500 Fax: 709-637-1625

claims@cornerbrook.com

Office Use Only

Claim No: _____

Instructions: If more information is required than a field allows for, please attach additional pages.

Contact

Name: _____

Phone: _____

Email: _____

Address: _____

City: _____

Postal Code: _____

Incident Details

Location where incident occurred:

(Address or nearest intersection, direction of travel, lane of travel [i.e. curb lane, left turn lane, middle lane]. Enclose map or diagram if needed.)

Exact DATE and TIME incident occurred: _____

Description of incident:

(Attach additional pages if required, photos or other evidence.)

Claimant vehicle information if vehicle involved in Incident

License Plate #	Year	Make	Model
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Names and contact information of any witnesses and / or City employees involved

