



Ville de Kirkland
17 200, boulevard Hymus
Kirkland (Québec) H9J 3Y8
Tél.: 514-694-4100 Téléc.: 514-630-2711
www.ville.kirkland.qc.ca

NOTICE OF CLAIM

DATE AND TIME 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 IF YES, NUMBER : _____

ATTACHED DOCUMENTS : COST ESTIMATE INVOICE / RECEIPT PHOTO

DETAILS AND CAUSE OF INCIDENT / ACCIDENT : _____

DAMAGES OBSERVED TO: _____

DID YOU NOTIFY THE TOWN? NO YES

DATE AND TIME: _____ PERSON CONTACTED: _____

IF APPLICABLE : Car repaired Not repaired

BRAND : _____ MODEL : _____ YEAR : _____

COLOUR : _____ LICENSE PLATE NO. : _____

TICKET NO (if applicable) : _____

REMARKS : _____

SIGNATURE : _____ DATE : _____

The Town of Kirkland 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 Kirkland assumes no responsibility as to the manner it is completed.
