

## CLAIM NOTIFICATION FORM

## **PROPERTY DAMAGE - SNOW CLEARING OPERATIONS**

Important Information: Please read this section prior to completing this form.

**SECTION 1** 

The Town of Logy Bay-Middle Cove-Outer Cove will only pay for damage resulting from the improper or negligent handling of equipment; the use of inadequate or improper equipment; or inadequate or improper procedures.

The Town does not pay for damages as per section 7 of the Town's Snowclearing Regulations.

Claims against the Town for damage to mobile or portable articles, including but not limited to, garbage boxes, buildings, fences, trees, shrubs, ledges, rock walls, and lawns on private property, will be accepted by the town as they occur, as a result of being damaged by equipment operated by employees of the Town, or by Contractors designated by and working for the Town during the Snow Clearing period, not less than 6.7 metres (22 feet) from the centreline of the road.

Damage claims must be received in writing to the Town office at 744 Logy Bay Road or by email at office@lbmcoc.ca. For those who are unable to complete the Snow Clearing Claims Notification Form, a meeting should be arranged with Town staff to document the damage and investigate accordingly.

It is the sole responsibility of any and all persons making a claim to provide the necessary information and sufficient evidence to prove their claim.

CONTACT INFORMATION				SECTION 2
CLAIMANT:				
MAILING ADDRESS:				
CITY/TOWN:		_ POSTAL CODE:		
TELEPHONE:	(HOME/CELL)		_ (WORK)	
EMAIL ADDRESS:				

CLAIM DETAILS		SECTION 3	
DATE OF LOSS:	(yyyy/mm/dd) TIME:	AM	PM
or			
DATE OF DISCOVERY:	(yyyy/mm/dd) TIME:	AM	PM
LOCATION:			
Description of Specific Property Damage (e.g.	fence, lawn, garbage box, etc):		
Detailed Description of Incident(s) that result	ed in Damages:		
Particulars as to person(s) and/or equipment vehicle equipment number, color, description		nse plate,	
DOCUMENTATION		SECTION 4	
1. Completed Form			

- 2. Photographs, if possible, prior to any damage
- 3. Photographs, if possible, after the damage has occurred
- 4. Statements of witnesses (including names, addresses, and contact information)

DOCUMENTATION (Continued)	SECTION 4	
5. Estimated damage cost		
NOTE: Item number 1 is mandatory. Items 2 and 3 are strongly recommended.		
SIGNATURE OF CLAIMANT	SECTION 5	
SIGNATURE	DATE (yyyy/mm/dd)	

For further information:

Phone: (709) 726-7930 Please submit form to office@lbmcoc.ca

Email: office@lbmcoc.ca