

## Making a Claim Against Local Government

## Please Read Carefully and Keep This Page for Your Information

Attached is a form that you may use to report your claim.

Any comments or actions by the local government in response to your complaint are strictly without prejudice. In other words, comments made to you by staff or representatives of the local government are not to be taken as an admission of liability or as confirmation of any cause of action you might have. Similarly, by submitting this form, you are not waiving any of your rights.

Below is an excerpt from the *Local Government Act* explaining why you must provide written notice of your claim within two months of suffering the loss. Your phone call or visit to the Municipal Hall does not constitute notice under the Act unless notice of your intention to claim is also provided in writing.

## Immunity unless notice given to municipality after damage

- **736** (1) A municipality or regional district is in no case liable for damages unless notice in writing, setting out the time, place and manner in which the damage has been sustained, is delivered to the municipality or regional district, as applicable, within 2 months from the date on which the damage was sustained.
- (2) In case of the death of a person injured, the failure to give notice required by this section is not a bar to the maintenance of the action.
- (3) Failure to give the notice or its insufficiency is not a bar to the maintenance of an action if the court before whom it is tried, or, in case of appeal, the Court of Appeal, believes
- (a) there was reasonable excuse, and
- (b) the defendant has not been prejudiced in its defence by the failure or insufficiency.

There are other limitation periods that apply to your claim and you might wish to consult with legal counsel. The information contained herein does not take the place of legal advice.



## Notice of claim provided to:

| Attention: Director                       | Corporate Services                |           |                  |    |  |
|---|-----------------------------------|-----------|------------------|----|--|
| Fraser Valley Region                      | •                                 |           |                  |    |  |
| , -                                       |                                   |           |                  |    |  |
| 1-45950 Cheam Av                          | enue                              |           |                  |    |  |
| Chilliwack, BC V2P                        | 1N6                               |           |                  |    |  |
|   | d to provide notice to the a      |           |                  |    |  |
| <ul> <li>place checkmark besid</li> </ul> | le which one(s) apply:            |           |                  |    |  |
| damage t                                  | o my property and/or              | □ i       | njury to my pers | on |  |
|   | The particulars of my cla         | im are a  | s follows:       |    |  |
| Your name & address                       | :                                 |           |                  |    |  |
| Claimant's Name:                          |                                   |           | Home:            |    |  |
| Street Address:                           |                                   |           | Work:            |    |  |
|   |                                   |           |                  |    |  |
| City, Postal Code:                        |                                   |           | Fax:             |    |  |
| City, Postal Code:  Email address:        |                                   |           | Fax:<br>Cell:    |    |  |
| Email address:                            |                                   |           |                  |    |  |
| Email address:  Date and time of loss:    | injury (include value of claim, i | f known): | Cell:            |    |  |
| Email address:  Date and time of loss:    | injury (include value of claim, i | f known): | Cell:            |    |  |
| Email address:  Date and time of loss:    | injury (include value of claim, i | f known): | Cell:            |    |  |
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| Email address:  Date and time of loss:    | njury (include value of claim, i  | f known): | Cell:            |    |  |



| If you are submitting this form more than two months from the date of loss, please explain the reason for the delay:  If you have photographs or documents supporting your claim, please attach them to this form.  Please Note  Page 1 of this form contains important information, including confirmation that the local government accepts no   | Reason why you feel the local government is at fault:   |   |  |  |  |
|--|---|---|--|--|--|
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|  | Please Note   |   |  |  |  |
|  | Page 1 of this form contains important information, including confirmation that the local government accepts no liability. Please ensure that, before signing, you receive and carefully read page 1. |   |  |  |  |
| (Your signature) (Date signed)   | (Your signature)  | (Date signed)                                   |  |  |  |