

LEG – General Claim Form		Legal Department
Description of Incident		SECTION 4
Description of Damage/Injuries		SECTION 5
Signature of Claimant		SECTION 6
_____		_____
Claimant's Signature		Date (YYYY-MM-DD)
<p>Note: Please use additional paper if space provided is not adequate. Also, please attach any additional documentation, if available, to fully document your claim, such as photos of the damage, photos of the area where the incident occurred, invoices, receipts, etc.</p>		
Privacy Notice		SECTION 7
<p>Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of adjudicating and processing claims. Questions about the collection and use of the information may be directed to the City Solicitor, Legal Department (claims@stjohns.ca – email) or (709-576-8641– telephone).</p>		
Please send completed form to:	Legal Department P.O. Box 908, 10 New Gower Street St. John's, NL A1C 5M2	For further information: Phone: (709) 576-8641 Email: claims@stjohns.ca