



Ville de **Beaconsfield**

Affaires publiques et greffe  
Public Affairs and Registry  
303 Beaconsfield Blvd.  
Beaconsfield (Quebec) H9W 4A7  
Telephone: (514) 428-4420  
Fax: (514) 428-4424

**NOTICE OF CLAIM**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone # (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Date of Incident – Accident \_\_\_\_\_ Time \_\_\_\_\_

Police Report Yes \_\_\_ No \_\_\_ If yes, indicate the # \_\_\_\_\_

Municipal Patrol Report Yes \_\_\_ No \_\_\_ If yes, indicate the # \_\_\_\_\_

Description of damages or injuries \_\_\_\_\_

\_\_\_\_\_

Cause of the Incident – Accident \_\_\_\_\_

\_\_\_\_\_

The damages may be viewed at the following address \_\_\_\_\_

Are there damages to an automotive vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle Repaired \_\_\_\_\_ Not repaired \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Colour \_\_\_\_\_ Registration # \_\_\_\_\_

Infraction # \_\_\_\_\_

Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

In the case of a claim for material damages, the notice of claim must be received by the City Clerk of the municipality in the 15 days following the date of the event in question (article 585 of the *Cities and Towns Act*).

Include any document pertinent to the claim.

The present form is made available with the sole objective of assisting the claimant with his/her application. The municipality assumes no responsibility for the method in which the claimant completes this form.