

**DISTRICT OF SPARWOOD
STATEMENT OF PROPERTY DAMAGE**

NOTE: For completion by a party claiming the Municipality is responsible for damages to their property.

Owner's Name: _____

Address: _____

Telephone No.: _____

Type of Property Damaged: _____

Time/Date &
Place of Damage: _____ a.m./p.m. D ____ M ____ Y ____

At: _____

Indicated Cause
Of Damage: _____

Estimated Cost of Repairing/Replacing Property Damage Destroyed _____

To Who Were Damages First Reported: _____

When Were Damages First Reported: _____

Name, Addresses & Telephone No's of Witnesses and/or Municipal Staff:

Name: _____ Address _____ Tel No. _____

Name: _____ Address _____ Tel No. _____

Name: _____ Address _____ Tel No. _____

State why you feel the Municipality should be responsible for your damages:

I solemnly swear that I am the owner of the property damaged, that the foregoing is a correct and accurate statement as to the damages incurred and that I have no insurance of any type under which such damages may be recoverable.

OWNER

WITNESS

DATE

POSITION

IMPORTANT NOTICE

This statement is for information purposes only and its receipt in no way infers acceptance of any responsibility for the stated damages by this Municipality.