Claims Form

Note: There is a 10 day notice period for providing the County with notice of certain types of claims and a two-year limitation period for bringing an action in respect to all claims.

Claimant's Personal Information

First Name*	Last Name*	
Mailing Address*	City*	
Phone Number*	Email Address*	
Supporting Documents Please provide original receipts, repair estimates, photographs or other evidence to substantiate your claim.		
Estimated Amount of Claim*	Date of Loss/Date of Incident*	



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Did the incident occur as a result of work being performed by a contractor?*		
Yes No		
If yes, please provide the name of the Contractor or the contact person (if known).		
Did an emergency personnel attend such as paramedics, police, or fire?*		
Yes No		
If yes, please provide their name(s), badge number, occurrence number, contact information, and file number(s).		
Description of Incident*		
Has this incident been reported to anyone at the County?*		
Yes No		
If yes, provide the name of the County employee or department involved		

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Witness Information

Witness First Name	Witness Last Name	
Witness Mailing Address	Witness City	
Witness Province	Witness Postal Code	
Witness Phone Number	Witness Email Address	
Agreement		
The information provided herein is factual and a true account of my claim. I understand that all fraudulent claims cost all taxpayers, and for this reason, all fraudulent claims will be prosecuted to the full extent of the law.		
I agree to Terms*		
Yes		
Signature*	Date Signed*	

Privacy Notice

Personal information (PI) is collected under the authority of the Municipal Act, 2001. All personal information created, held or collected by the County of Wellington is protected in accordance with Municipal Freedom of Information and Protection of Privacy Act, 1990 (MFIPPA). For questions related to this collection of personal information, contact the Manager of Privacy and Information, County of Wellington, Office of the CAO, T 519.837.2600 x2528.