

Service des affaires juridiques

Direction des affaires civiles
Bureau des réclamations
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Mr. Mrs. Company

Name: _____ Fist Name: _____

Corporate Name: _____

Address: _____ Apt: _____

City: _____ Postal code: _____

Telephone number: _____ Cell number: _____

Email: _____

Date of accident / incident: _____ Hour: _____

Place of accident / incident: _____

Police report / Contravention: If yes, number: _____

Nature and particulars of injuries/damages:

It a motor vehicle:

Brand of car: _____ Model: _____ Year: _____

Color: _____ Licence plate N°.: _____

Signature: _____ Date: _____

I attest that I have read and understood the terms contained in the section an "Security and Confidentiality" and I agree to transmit electronically the information contained in this form. I agree :

The Ville de Montréal must receive for material damages a written notice within 15 days following the incident as per the *Cities and Towns Act*.

To save and send a completed form, choose «File», «Save as» and rename the file. Click on our e-mail adress and attached the notice of claim and your documents.

This form is supplied only to accommodate the claimant, and the Ville de Montréal assumes no responsibility as to the manner it is completed.