



## Claim Report

**City of Mississauga**  
Legal Services Division  
Risk Management Section  
300 City Centre Drive  
MISSISSAUGA ON L5B 3C1  
Tel.: 905-615-3200 ext. 3922  
Fax: 905-896-5267

E-Mail: risk.management@mississauga.ca

Any information which you provide on this on-line form will be kept confidential.

Personal information on this form is collected under the authority of the Municipal Act 2001, S.O. 2001, C.25 and will be used to process your claim with the City of Mississauga. Questions about the collection of this personal information should be directed to Risk Management, 300 City Centre Drive, Mississauga, ON L5B 3C1 (T) 905-615-3200 ext. 3922

Email the completed form to: risk.management@mississauga.ca or print and fax it to 905-896-5267. NOTE: THERE IS A 10 DAY NOTICE PERIOD FOR PROVIDING THE CITY WITH NOTICE OF CERTAIN TYPES OF CLAIMS AND A TWO YEAR LIMITATION period for bringing an action in respect to all claims. **PLEASE PROVIDE/ATTACH PHOTOS, INVOICES, AND ANY OTHER RELEVANT DOCUMENTATION IN SUPPORT OF YOUR CLAIM ALONG WITH THIS CLAIM FORM.**

### Personal Information of Claimant

First Name	Middle Initial	Last Name
Address Unit No.	Street No.	Street
City	Province	Postal Code
Home Phone ( ) -	Work Phone ( ) - x	Email

### Contact Information (if different from above)

First Name	Middle Initial	Last Name
Address Unit No.	Street No.	Street
City	Province	Postal Code
Home Phone ( ) -	Work Phone ( ) - x	Email

### Incident Information

Incident Date	Time of Incident (am or pm)
Incident Location or Description (including address if known)	
Closest intersection or reference point	
City of Mississauga Facility	Location of Facility
Other	

Description of  
incident

Description of  
Property Damage  
or Injuries

**Reporting Information**

Officer's name

Badge #

Occurrence #

Is this your first report of this incident to the City? (Yes/No)

If no, identify the employee or section report was made to

**Witness Information (1)**

First Name

Middle Initial

Last Name

Address Unit No.

Street No.

Street

City

Province

Postal Code

Home Phone ( ) -

Work Phone ( ) - x

Email

**Witness Information (2)**

First Name

Middle Initial

Last Name

Address Unit No.

Street No.

Street

City

Province

Postal Code

Home Phone ( ) -

Work Phone ( ) - x

Email

What would you  
like the City to do?

**THE INFORMATION PROVIDED HEREIN IS TRUE. I UNDERSTAND THAT FRAUDULENT CLAIMS COST ALL TAXPAYERS, AND FOR THIS REASON, ALL FRAUDULENT CLAIMS WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.**

**Name (this will be  
your signature)**

**Date**