

P.O. Box 219 Lewisporte, NL A0G 3A0 Phone (709) 535-2737 Fax (709) 535-2695 Website: www.lewisportecanada.com

Snow Clearing Damages or Grass Replacement Claim

Claimant Name		
Mailing Address		
Contact Numbers (home)	(work)	(cell)
Email Address		
Damaged Property Location		
Date of Damage	Time	(am / pm)
Description of specific property dama	age (e.g. fence, lawn, tree, e	tc.)
Detailed description of incident(s) that	at resulted in damage	
Particulars as to persons (physical de damage (e.g. vehicle license number		
Claims submitted without the following documentation	will not be considered.	
1. Photographs (taken as soon as possible to the time	of the incident or discovery of damage);	
2. A copy of surveyor's description and plot plan of pro	operty (for Town to confirm location of fer	nce, wall, etc.);
3. A copy of the permit allowing construction of the damaged property (i.e. fences, rock walls, pressure treated walls, etc.). If unavailable, please advise of the year in which the same was constructed and if applicable, the name of the contractor.		
Optional documentation is:		
4. Statements of witnesses (including their names, add	dresses, and telephone numbers);	
5. Contractor's estimate of damage.		
NOTE: Please read the " Snow Clearing Da	amage Policy - 2016" prior to su	bmitting your claim.

Date

Claimants Signature