

TOWN OF BISHOP'S FALLS

Snow Clearing Damages or Grass Replacement Claim Form

In accordance with the Snow Clearing Damages and Grass Replacement Policy

Advisory Note: Claimants are advised to consult the Town of Bishop's Falls *Snow Clearing Damages and Grass Replacement Policy* prior to submitting the Snow Clearing Damages or Grass Replacement Claim Form.

Part 1 – Individual Information

Individual's Name _____

Mailing Address _____

Telephone Number _____

Part 2 – Claim Information

Location of Damages _____

Date the Damages Likely Occurred _____

Please describe the damages caused to your property and/or grass in the space provided below:

What actions are necessary to compensate you for these damages? What is the value?

Claimant's Signature: _____

Date: _____

Part 3 – Public Works Department Investigation

Please describe the damages caused to the claimant's property and/or grass below:

In your opinion, are the damages to the property the result of excessive snow falls or through negligence on the part of Town employees? If applicable, is the grass eroded by more than 3 meters? Please explain.

Please indicate what action should be taken by Council in the space below:

___ Dismiss the claim because the damages were not caused as per sections 4.0 and 5.0 of the *Snow Clearing Damages and Grass Replacement Policy*.

___ Compensate the individual for the damages cause by;

___ Replacing the property and/or grass at a cost of \$ _____

___ Repairing the property and/or grass at a cost of \$ _____

Public Works Supervisor's Signature: _____ Date: _____

Part 4 – Council's Decision

___ Dismissed ___ Approved Motion Number: _____

Town Clerk's Signature: _____ Date: _____