Making a Claim Against Local Government

Please Read Carefully and Keep This Page for Your Information

Attached is a form that you may use to report your claim.

Any comments or actions by the local government in response to your complaint are strictly without prejudice. In other words, comments made to you by staff or representatives of the local government are not to be taken as an admission of liability or as confirmation of any cause of action you might have. Similarly, by submitting this form, you are not waiving any of your rights.

Below is an excerpt from the *Local Government Act* explaining why you must provide written notice of your claim within two months of suffering the loss. Your phone call or visit to the Municipal Hall does not constitute notice under the Act unless notice of your intention to claim is also provided in writing.

Immunity unless notice given to municipality after damage

- **736** (1) A municipality or regional district is in no case liable for damages unless notice in writing, setting out the time, place and manner in which the damage has been sustained, is delivered to the municipality or regional district, as applicable, within 2 months from the date on which the damage was sustained.
- (2) In case of the death of a person injured, the failure to give notice required by this section is not a bar to the maintenance of the action.
- (3) Failure to give the notice or its insufficiency is not a bar to the maintenance of an action if the court before whom it is tried, or, in case of appeal, the Court of Appeal, believes
- (a) there was reasonable excuse, and
- (b) the defendant has not been prejudiced in its defence by the failure or insufficiency.

There are other limitation periods that apply to your claim and you might wish to consult with legal counsel. The information contained herein does not take the place of legal advice.



Notice of claim provided to:

Attention, Municipal Clerk		Township of Esquimalt 1229 Esquimalt Road Esquimalt, B.C. V9A 3P1	
736 of the Local Gov - place checkmark besid	d to provide notice to the above vernment Act of my intention to be the which one(s) apply: to my property and/or		st it for the following
	The particulars of my claim	are as follows:	
Your Name & addre	SS:		
Claimant's Name:		Home:	
Street Address :		Work:	
City, Postal Code:		Fax:	
E-Mail address:		Cell:	
Date and time of loss:			
Nature of damage or	r injury (include value of claim, if k	nown):	



Reason why you feel the local gov	rernment is at fault:
Cause of the damage or injury and	d exact location (describe the hazard or event):
If you are submitting this form mor reason for the delay:	re than two months from the date of loss, please explain the
If you have photographs or docume	ents supporting your claim, please attach them to this form.
	PLEASE NOTE
Page 1 of this form contains important in no liability. Please ensure that, before	nformation, including confirmation that the local government accepts signing, you receive and carefully read page 1.
(Your signature)	(Date signed)

