



# Claim Submission Form

If you have suffered a loss or damage for which you believe the Township of Mapleton may be responsible, you must provide the information below for the Township to consider your claim.

Note: This claims process does not mean that the Township of Mapleton is accepting liability for your claim, nor does it waive any legal rights that the Township may be able to rely on in matters such as these.

All fields are required.

## Applicant Information

Full Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Claim Information

Date of the Incident: \_\_\_\_\_

Approximate time of the incident: \_\_\_\_\_

Please provide the exact location of the incident: \_\_\_\_\_

\_\_\_\_\_

Please provide a detailed description of the incident and the reason(s) you believe the Township of Mapleton is liable for the alleged injuries/damages sustained.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Township of Mapleton 7275 Sideroad 16, Box 160, Drayton, Ontario NOG 1PO**

**Phone: 519-638-3313 Fax: 519-638-5113 Toll Free: 1-800-385-7248**

**[www.mapleton.ca](http://www.mapleton.ca)**



Please provide a detailed description of your alleged damages or loss, together with attaching copies of any available invoices, estimates, and any other applicable documentation.

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Please sign this claim letter (electronic signature is acceptable).

Please enter the date you signed this notice of claim.

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Any personal information that is collected is done in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). All information will be shared with our insurance provider and used to contact you and process your notice of claim. Questions about this collection should be directed to:

Township of Mapleton  
Municipal Clerk  
7275 Sideroad 16  
Drayton, Ontario N0G 2P0  
Telephone: 519-638-3313  
Email: [lwheeler@mapleton.ca](mailto:lwheeler@mapleton.ca)