PUBLIC INJURY AND/OR DAMAGE NOTIFICATION



City of Prospect PO Box 171 PROSPECT SA 5082 - 128 Prospect Road PROSPECT SA 5082 Phone: 08 8269 5355 Fax: 08 8269 5834 Email: admin@prospect.sa.gov.au

Thank you for seeking to report an incident/damage to City of Prospect. Please be assured that the circumstances surrounding this occurrence will be fully investigated by Council.

If you wish to make a financial claim against Council for loss or damage allegedly arising from an incident, please complete this form. Additional information (i.e. photographs, invoices) must be included.

Please be advised that it may take up to 20 working days to complete an investigation.

The information gathered and any associated findings will be forwarded to Local Government Association Mutual Liability Scheme for their claim determination.

Your Name:	
Contact Address:	
Suburb:	Postcode:
Your Contact Telephone Number(s):	
Your Mobile Number:	
E-mail Address:	
Date and Time of Incident/Damage:	
Location of Incident/Damage:	
Details of how and when the incident was reported to Cit	
Please provide an exact description of where the inciden	ty damage occurred (e.g. adjacent (0):

A description of the loss/damage caused and/or injuries suffered (include photographs/invoices, if available):				
Description of how the incident/damage occurred (e.g. tripped and fell on footpath, vehicle tyre made contact with road object):				
Please provide an explanation why you believe Council's negligence was the cause of the incident/damage:				
The name and address of any witness(es) to the incident (if available):				
Witness 1 Name: Address:				
Witness 2 Name: Address:				
Witness 3 Name: Address:				

In completing this form, you will be providing personal information which will be used in accordance with Privacy Principles. City of Prospect is collecting personal information for the purpose of assessing your notification. The collected information will only be used for management of the claim. Access may be granted to Local Government Association Mutual Liability Scheme, loss adjuster or other associated with claim management.

Print Name	Signature	_Date	/	_/
<u>Signature Witness:</u> Print Name	Signature	Date	1	1

Claimant: