

Sub-Committee for Restoration (SCR)- Damage Claim Submission

This Form requests information needed to complete the submission of a claim for damages resulting from the Claridge construction project. Completion of this form does not in any way guarantee that your claim will be accepted. The purpose of this form is for information collection only. Any determination to the validity of the claim and subsequent reimbursement, if any, will be made at the sole discretion of the Claridge construction project.

* Required

1. Email address *

SCR Confidentiality Statement and Acknowledgement

The SCR commits to ensuring the confidentiality of the information you provide. The SCR will ensure that the information is secured and accessible only to sub-committee members and only in their capacity to organize and support the submission of your damage claim. Your information will not be shared outside of the SCR without your prior permission and as per the Carleton Condominium Corporation No. 145, POLICY STATEMENT – PRIVACY.

2. I acknowledge and concur that I have read and understood the SCR Confidentiality Statement. *

Mark only one oval.

Yes

No

3. Name *

4. Unit Number *

5. Phone number with Area Code *

6. Type of Damage seen (Select all that apply) *

Check all that apply.

- Ceiling Cracks
- Wall cracks, shifting
- Windows, cracks, shifting
- Flooring
- Crown molding separation
- Countertops shifting
- Other

7. If you chose Other, please describe the type of Damage. Enter N/A if you did not choose this. *

8. Location in the Unit (Select all that apply) *

Check all that apply.

- Front Foyer
- Kitchen
- Dining/Living area
- Master Bedroom
- Master Bathroom
- Main Bathroom
- Bedroom #1
- Bedroom #2
- Study
- Other

9. If you chose Other, please describe the location. Enter N/A if you did not choose this. *

10. Description of the Damage and location in the unit - Please provide a detailed description for each type of damage you are claiming. *

11. Date and location where the damage occurred (Please list the date in chronological order) *

12. Did you repair the damage in your unit? *

Check all that apply.

Yes

No

13. If you repaired the damage, please enter the type of damage and the date(s) when it was repaired. Note: Please provide a copy of your receipts and any before and after photos to the SCR via email (scr.ccc145@gmail.com). *

14. Will you be submitting supporting documentation in the form of receipts, photos, or evidence to the SCR?

Mark only one oval.

- Yes
 No
 Maybe

Consent to
Disclose
Keller
Engineering
Survey
Results

The Carleton Condominium Corporation No. 145, POLICY STATEMENT – PRIVACY requires your consent to share information obtained through the Keller Engineering Survey conducted in July 2019 and in July 2020 with outside third parties. This information will only be used to support your damage claim with Claridge.

Note: If you do not provide your consent, this information will not be submitted with your claim.

15. Do you consent to having information obtained through the Keller Engineering Survey conducted in July 2019 and in July 2020 shared with the Claridge project team? *

Mark only one oval.

- Yes
 No

Electronic
Signature and
Acknowledgement

By completing this questionnaire you are affirming that the information you have provided is to the best of your knowledge truthful, accurate and representative of the damages you have incurred in your unit. By signing your name below, you also affirm that the Sub-Committee for Restoration (SCR) can consider your electronic signature as equivalent to your real signature for the purposes of submitting this claim.

16. Electronic Signature *

17. Date of Signature *

Example: January 7, 2019

This content is neither created nor endorsed by Google.

Google Forms