



APPEAL REQUEST FORM

IRM File:

PLEASE FILL OUT ALL FIELDS APPLICABLE AND SUBMIT THE FORM AND ANY SUPPORTING DOCUMENTATION TO:
Insurance and Risk Management, 400 Main Street SE, Airdrie AB T4B 3C3 **OR** IRM@airdrie.ca

PLEASE PRINT

Personal information of claimant

First name	Last Name
Contact Number	E-mail

Reason for Appeal

New Evidence <input type="checkbox"/>	Mishandling <input type="checkbox"/>	Misconduct <input type="checkbox"/>	Other <input type="checkbox"/>
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Please outline your reason for appeal based on the selection above:

Additional documentation is attached Witnesses Yes No

	Name of Witness	Address	Telephone Number
1.			
2.			
3.			

PLEASE PROVIDE/ATTACH PHOTOS, INVOICES, AND ANY OTHER RELEVANT DOCUMENTATION IN SUPPORT OF YOUR APPEAL.

This request for information does not constitute an acceptance of your claim but permits the City of Airdrie and its Insurance Representatives to properly record and investigate your claim.

A request for appeal must be submitted within thirty (30) days of receipt of the decision letter. Please note that legal action which is not brought or commenced within two years from the time injury or damages were sustained may be statute barred.

If you have any questions regarding this process, please contact Insurance and Risk Management at 403-948-8831.

Thank you for your co-operation.

By signing this form, I _____ confirm that the information provided herein is true, and I understand that fraudulent claims may be prosecuted to the full extent of the law.

Signature

Date