

## TREE INCIDENT FORM

Name:.....

Address:.....

..... Post Code:.....

Telephone No.:..... E-mail:.....

Date / time the event / damage occurred:.....

Where did the event / damage occur?.....

.....

Details of the circumstances:

(If more space is required please continue on the reverse of this form)

I want just to inform the Council of the facts

Please tick

I wish to make a claim against the Council

I am/will be submitting a claim via my insurers

Why do you consider the Council to be responsible?.....

.....

.....

If you wish to pursue a claim, list below all items damaged or destroyed, together with the cost of repair / replacement. Where applicable, we recommend that a minimum of two estimates for repairs / replacement are sought.

Item

Cost

(If more space is required please continue on the reverse of this form)

Signed:.....

Date:.....

Please note the issuing of this form does not constitute an admission of liability. The purpose of the form is to gather information.

### Data Protection Act 1998

The information you have provided to the London Borough of Richmond upon Thames will be used to enable the Council to process your claim. We may share your information with our legal representatives, contractors or outside bodies who may be involved with the defence of a claim. You have a right to ask for a copy of the information about you held by us in our records. You must make this request in writing to the Council.