

**APPLICATION FOR LAKE WINNIPEG DIKE PROJECT RESTORATION PROGRAM**

Claim Number: \_\_\_\_\_ FILE # & INSPECTOR #: \_\_\_\_\_ (For office use only)

**APPLICANT INFORMATION: Please complete this section.**

LAST NAME : \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Postal Code: \_\_\_\_\_ email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Local Authority: \_\_\_\_\_ (City, Town, Municipality)

Civic Street Address (If Applicable) \_\_\_\_\_

Legal Property Description: \_\_\_\_\_

The applicant is the:  Registered Owner (or)  Agent (on behalf of the owner)

List names of all owners \_\_\_\_\_

Attached is a copy of the applicant's current property tax assessment

If the Applicant is not the owner, please give the name and address of the actual owner:

LAST NAME : \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**NATURE OF CLAIM : Please complete this section.**

Please check all applicable categories & describe item damaged:	Estimated dollar value of damages:
<input type="checkbox"/> Damage to Main residence (Describe damages) _____	\$ _____
<input type="checkbox"/> Damage to Outbuildings - List buildings: _____	\$ _____
<input type="checkbox"/> Damage to Landscaping, shrubs & trees _____	\$ _____
<input type="checkbox"/> Damage to Driveways & parking pads (by equipment) _____	\$ _____
<input type="checkbox"/> Damage to Boat launches, ramps & decks _____	\$ _____
<input type="checkbox"/> Damage to Fire Pits, BBQ pits, flag poles & birdhouses _____	\$ _____
<input type="checkbox"/> Damage to Fencing _____	\$ _____
<input type="checkbox"/> Damage to plumbing, sprinklers etc. _____	\$ _____
<input type="checkbox"/> Damage to equipment & machinery _____	\$ _____
<input type="checkbox"/> Damage to other real property - Describe items _____	\$ _____
_____	
_____	
_____	

I Hereby Agree:

1. That all of the information provided in this application is complete and correct.
2. That all costs claimed herein will not be claimed for under any other insurance contract or other assistance program.
3. That this application does not automatically constitute eligibility for this program. Eligibility is determined by an inspection and evaluation process and may be based on information and documentation provided by me.
4. In submitting this application, I hereby grant access onto to my property (not including the interior of any building unless affected) to allow for the proper inspection and assessment of damages to the areas claimed for in the event that no one is on site at the time of inspection.

Applicant's signature: \_\_\_\_\_

Co-applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_