



Statement of Public Works Act Claim

Submit completed claim form by "Registered Mail" to:

Alberta Infrastructure
Operations and Administration Branch
Contract Administration, Evaluation and Audit
3rd Floor, 6950 - 113 Street NW
Edmonton, Alberta T6H 5V7
For inquiries only:
Phone: 1-844-252-5322
Email: INFRAS.ClaimsTracking@gov.ab.ca

Claimant

| | | | | | |
|----------|-------------|-----------|-----|----------------|--------------|
| Name | | | | | |
| Address | | | | | City or Town |
| Province | Postal Code | Telephone | Fax | E-mail Address | |

Project

| | |
|--|--------------------------------|
| This claim is made in respect of the following project: (location & description) Project ID / Plan No: (either or both, if known) | Legal Description of the Land: |
|--|--------------------------------|

Details of Claim

| | | |
|---|---|--|
| 1 | Our contract is with (name of contracting party): | (and General Contractor, if known) |
| 2 | This claim is made in respect of the following labour, equipment, materials or services (hereafter referred to as the "work") provided for the above project (provide a short description): | |
| 3 | Time: | (Last day on which labour, equipment, materials or services were provided) |
| | <input type="checkbox"/> The work related to this claim was fully performed on: | Month (name of) Day Year |
| | OR | |
| | <input type="checkbox"/> The work related to this claim is not yet fully performed but payment for work performed to | Month (name of) Day Year |
| | (Today's Date) | |
| | has not been received as of | Month (name of) Day Year |
| 4 | Amount | |
| | The amount of this claim is \$ _____, which includes \$ _____ in holdback monies. | |
| 5 | Declaration: | |
| | I, the undersigned, am or represent the claimant named above and declare that the information provided is true and correct; | |
| | _____ | _____ |
| | Printed name of declarant | Signature of declarant |

For Alberta Infrastructure Use Only

| | | | | | |
|--------------|-------------|-------------|------------|----------------|--------------------|
| Contract ID: | Plan Number | Project ID: | Date Sent: | Date Received: | Date Acknowledged: |
| Comments: | | | | | |