

Statement of Public Works Act Claim

Submit completed claim form by "Registered Mail" to:

Alberta Infrastructure

Strategic Integration and Operations Division Operations and Administration Branch Contract Administration, Evaluation and Audit

Suite 2200, 6950 - 113 Street NW Edmonton, Alberta T6H 5V7 For inquiries only:

Claimant				Phone: 1-844-252-5322 Email: INFRAS.ClaimsTracking@gov.ab.ca					
Name									
Address							City or Town		
Province	Postal Code	Telephone	Fax	E	-mail Addro	ess			
Project	I								
This claim is made (location & descript	Legal Description of the Land:								
Project ID / Plan No (either or both, if kn									
Details of C	laim			-1					
1 Our contract is with (name of contracting party):				(and General Contractor, if known)					
3 Time:				(Las	day on which	labour, equipment, m	naterials or services	were provided	
☐ The work related to this claim was fully performed on: OR						Month (name of)	Day	Year	
☐ The work related to this claim is not yet fully performed but payment for (Today's Date)					ned to	Month (name of)	Day	Year	
has not been	received as of	nth (name of) D	ay	Year					
4 Amount			•						
The amount of this claim is, wh				nich includes	\$		in holdbad	ck monies.	
5 Declaration: I, the undersig	ned, am or represent th	e claimant named abo	ove and de	eclare that the	nformation	provided is true	e and correct;		
Printed name of declarant				Signature of declarant					
For Alberta	Infrastructure	e Use Only							
Contract ID:	Plan Number	Project ID:		Date Sent:		Date Received:	Date Ack	nowledged:	
Comments:									

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