ᑲᑐᑎᓗᒍ ᓄᓇᕗᑦ ᐱᕈᖅᐸᓕᐊᑎᓪᓗᒍ
Building Nunavut Together
Nunavuliuqatigiingniq
Bâtir le Nunavut ensemble

ᐊᕙᑎᓕᕆᔨᒃᑯᑦ
Department of Environment
Avatiliqiyikkut
Ministère de l'Environnement

Wildlife Damage Compensation Program

Wildlife Damage Compensation Claim Form

Claim #: _____

Applicant Name: _____

Applicant Date of Birth (YYYY/MM/DD): _____/_____/_____

Applicant Mailing Address: _____

Applicant Phone Number: (867) -_____-_____

Applicant Claiming on Behalf of: ☐ Individual ☐ Group (Inc. Household)

If Group, indicate group name and your role in the group:

Applicant's Primary Occupation: _____

Incident Date (if unknown, give last known departure and return dates): _____

Incident Location Coordinats (ex. 61-23'59"W, 66-42'0"N):

_____W _____N

Common Name of Location: _____

P.O. Box 1000, Stn. 1320
Iqaluit, Nunavut X0A 0H0

(867) 975-7700
(867) 975-7740
www.env.gov.nu.ca

Incident Details:

List and Value of Lost or Damaged Items:

(Value refers to the estimated depreciated value at the time of loss)

- TO BE COMPLETED BY CONSERVATION OFFICER –

Officer Name: _____

Damage Complaint Investigation Report # (please attach copy of Report Form):

_____

If none, reason why on-site damage complaint investigation was not performed:

_____

Comments:

Compensation: ☐ Recommended ☐ Not Recommended

Signature: _____ Date:_____

- TO BE COMPLETED BY HTO –

Comments:

Compensation: ☐ Recommended ☐ Not Recommended

Signature:_____ Date:_____