Submit completed form by **“Registered Mail”** to: Alberta Transportation, Tender Administration

1st Floor, Twin Atria Building

4999 - 98 Avenue, Edmonton, Alberta, T6B 2X3

**Tel:** (780) 427-2091 **Fax:** (780) 644-5219

**Claimant Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | | | | |
| **Insert Legal Name** | | | | |
| **Address** | | | | **City/Town** |
| **Insert Address** | | | | **Insert City/Town** |
| **Province** | **Postal Code** | **Telephone** | **Fax** | **E-Mail** |
| **Insert Province** | **Insert Postal Code** | **Insert Tel.** | **Insert Fax** | **Insert E-Mail** |

**Project Information**

|  |  |
| --- | --- |
| **The claim is made in respect of the following project:** | **Insert Project Description and Location** |
| **Highway or Bridge #:**  **(if applicable)** | **Insert Highway # or Bridge #** |
| **Alberta Transportation Contract #:**  **(if known)** | **Insert Alberta Transportation Contract #** |

**Details of Claim**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Our Contract is with (name of contracting party):** | | | | | | | | **(and Prime Contractor, if different)** | | | | |
| **Insert Name** | | | | | | | | | **Insert Name** | | | | |
| **2** | **This claim is made in respect of the following work**  **(provide a short description of labour, equipment, materials, or service provided):** | | | | | | | | | | | | |
|  |
| **Insert Description** | | | | | | | | | | | | | |
| **3** | **Time** | | **(work includes labour, equipment, materials or services provided)** | | | | | | | | | | |
|  | The work related to this claim was fully performed on: | | | | | | | | | | | **Click here to enter a date** | |
|  | | **OR** | |  | | | | | | | | | |
|  | The work related to this claim is not yet fully performed but payment for work  performed to: | | | | | | | | | | | **Click here to enter a date** | |
|  |  | | | | | has not been received as of: | | | | | | **Click here to enter a date** | |
|  | | | | | |  | | | | | | (Today’s Date) | |
| **4** | **Amount** | | | | | | | | | | | | |
| The amount of this claim is | | | | | **$ Insert Value** | | which includes | | | | **$ Insert Value** | | In holdback funds. |
| **5** | **Signature** | | | | | | | | | | | | |
| I, the undersigned, am or represent the claimant named above and believe that the information provided is true and correct | | | | | | | | | | | | | |
| **Insert Name** | | | | | | | |  | |  | | | |
| Printed Name of Claimant | | | | | | | |  | | Signature of Claimant | | | |

**For Alberta Transportation Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Contract # | Date Received | Date Filed | Date Acknowledged |
|  |  |  |  |