

NOTICE OF CLAIM

Remit to: Village Clerk – 5423 Broadway – Lancaster NY 14086 (716)683-2105 Mon-Fri 8:30am-4:30pm

NOTICE OF CLAIMS MUST BE SUBMITTED WITHIN 90 DAYS FROM DATE OF INCIDENT AND MUST BE NOTARIZED. VERBAL COMMUNICATION DOES NOT CONSTITUTE NOTICE. CLAIMS MUST BE IN WRITING AND SUBMITTED DIRECTLY WITH VILLAGE CLERK AT ABOVE LISTED ADDRESS.

Claimant Name(s): _____

Mailing Address: _____

Phone No.: _____

PLEASE TAKE NOTICE, that I/WE, the undersigned, hereby makes claim against the Village of Lancaster, New York, for the following damages or injuries:

1. The said damages/injuries for which the claim is hereby made, arose in the following manner:

2. The time and date when the damages/injuries hereinafter alleged were sustained at approximately _____ (a.m. p.m.) on _____

3. The location of where the sustaining of such damages or injuries occurred:

4. The damages/injuries sustained by the claimant(s) for which it makes claim consist of the following:

5. PLEASE submit copies of any invoices or estimates related to this notice of claim. Do not delay submitting your claim due to not having associated invoices or estimates.

WHEREFORE, the claimant(s) respectfully requests that this claim be allowed and paid by said Village of Lancaster.

X _____
Signature of Claimant Date

X _____
Signature of Claimant Date

**STATE OF NEW YORK
COUNTY OF ERIE:**

_____, being duly sworn, says that he/she/they are the claimants named in the foregoing claim. That he/she/they have read same and know the contents thereof. That the same is true to his/her/their own knowledge, except to matters alleged upon information and belief, and as to these matters, he/she/they believe it as true.

Sworn to before me this _____ day of _____ 20_____.

Notary Public

FOR OFFICE USE ONLY:

[] SUBMITTED TO INSURANCE CARRIER

Date _____

[] RESULTS:

RECEIVED: _____ (Date Stamp)