

**Please complete the attached, have signature notarized, and return to:**

**Eunice O. Esposito, Town Clerk  
Town of Rotterdam  
John F. Kirvin Government Center  
1100 Sunrise Boulevard  
Rotterdam, NY 12306**

# NOTICE OF CLAIM

TO: Town of Rotterdam, New York

## COMPLAINANT INFORMATION:

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

3. Date of Claim: \_\_\_\_\_

4. How claim occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Damages and/or amount claimed: \_\_\_\_\_

6. This claim is made within ninety (90) days of the date the claim arose.

Date: \_\_\_\_\_

\_\_\_\_\_

Signature

## Verification

State of New York )  
County of \_\_\_\_\_) ss.:

\_\_\_\_\_, being duly sworn, deposes and says that the deponent is the claimant in this action; that deponent has read the Notice of Claim and knows the contents thereof; that the same are true to deponent's own knowledge, except as to the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes to be true.

Sworn to before me this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public