

NOTICE OF CLAIM

Mail To: Diane M. Marco, Town Clerk
Town of Rotterdam, NY 12306
John F. Kirvin Government Center
1100 Sunrise Boulevard
Rotterdam, NY 12306 (518) 355-7575 ext. 352

COMPLAINANT INFORMATION:

1. Name: _____

2. Address: _____

Phone: _____

3. Date of Claim: _____ Date of Incident: _____

4. How claim occurred:

5. Damages and/or amount claimed: (attach any receipts, estimates and or photos) \$ _____

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

Date: _____ Signature: _____

Form must be Notarized before submitting to the Town Clerks office:

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