

Claimant's Notice of Claim

Note: You are advised to consult with an attorney. This form is for your convenience and does not or may not comply with and satisfy the requirements of the General Municipal law and relevant statutes, rules and laws.

Town Claim No.: _____

To: Town of Evans
Town Clerk
Evans Town Hall
8787 Erie Road
Angola NY 14006

Date: _____ Phone: _____

Name: _____

Address: _____

City/Town, State: _____ Zip: _____

Nature of Claim

Date & Time: _____

Place: _____

Manner (Description): _____

Damage/Injury and Amount Claimed: _____

_____ \$ _____

For Personal Injury Claims, please answer the following:

Are you on Medicare? _____

Provide Social Security Number: _____

Signature

Subscribed and Sworn to before me this

_____ date of _____ 20_____

Notary Public

Commission Expires _____

Cc: Dept Head
Town Board
Town Attorney
Insurance Company