

NOTICE OF CLAIMS

NOTE:

1. General Municipal Law requires that all claims against the City of Plattsburgh be presented WITHIN NINETY (90) DAYS OF THE DATE OF THE DAMAGE, INJURY OR LOSS.
2. This Notice of Claim must be served on the City Clerk's Office, 41 City Hall Place, Plattsburgh, NY 12901, either by personal service or certified or registered mail. The City of its representative may request additional information regarding this claim.
3. Call (518) 563-7702 if you have questions regarding this form.
4. Attach additional pages/items as you deem necessary.

CLAIMANT:

Name: _____
Address: _____
Home Phone: _____
Daytime/Business Phone: _____
Legal Representative (if other than Claimant): _____
Representative Address/Phone: _____

CLAIM: (DAMAGE/ INJURY/ LOSS INFORMATION)

Date/time: _____
Location: _____
Brief Description of damage/injury/loss:

IF INCIDENT WAS REPORTED TO A CITY AGENCY:

Agency Name: _____
To Whom: _____
Date/time: _____

WITNESSES: (NAME, ADDRESS, PHONE)

CLAIM FOR DAMAGE/INJURY/LOSS AND BASIS OF VALUE:

(attach appraisal, estimate, receipts, etc. as necessary; the City may seek independent verification)

CLAIMANT INSURANCE INFORMATION:

Agent and/or Company: _____
Policy #: _____
Phone: _____

NOTICE OF CLAIMS

NOTE: Presentation for allowance or payment of a false or fraudulent claim with the intent to commit a fraud is crime punishable as a felony under New York Law.

I HAVE READ THE FOREGOING NOTICE OF CLAIM AND SAID CLAIM AND INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

Signature: _____

State of New York)

) ss:

County of Clinton)

Sworn to before me this _____

Day of _____, _____

Notary Public