NOTICE OF CLAIM FORM
TOWN OF TONAWANDA
2919 DELAWARE AVE., ROOM 14
KENMORE, NEW YORK 14217
(716)877-8800

PLEASE PRINT

Name _____ **Attorney (if any)** _____

Address _____ **Address** _____

City/State _____ **City/ State** _____

Zip Code _____**Phone** _____ **Zip Code** _____**Phone** _____

Email_____

NATURE OF CLAIM:

DATE OF OCCURRENCE _____ **APPROX TIME** _____

LOCATION OF INCIDENT (be as specific as possible)_____

_____

_____

MANNER IN WHICH CLAIM AROSE _____

_____

_____

_____

_____

ITEMS DAMAGED or PERSONAL INJURIES SUSTAINED

_____

_____

_____

_____

AMOUNT CLAIMED _____

* CLAIM MUST BE SENT BY REGISTERED MAIL, *
CERTIFIED MAIL, OR HAND DELIVERED.

_____
SIGNATURE OF CLAIMANT

SIGNATURE WITNESSED BY ME THIS
_____ **DAY OF** _____ **20** _____

_____
SIGNATURE OF NOTARY

IF YOU HAVE PROPERTY DAMAGE, PLEASE COMPLETE EITHER SECTION 1 OR 2 ON BACK

PLEASE COMPLETE <u>SECTION 1</u> IF DAMAGE INVOLVED A MOTOR VEHICLE

PLEASE COMPLETE <u>SECTION 2</u> IF DAMAGE IS TO PROPERTY (HOUSE, GARAGE, ETC)

<u>SECTION 1:</u> VEHICLE DAMAGE

OWNER OF VEHICLE _____ **PHONE**_____

ADDRESS_____

CITY/STATE_____ **ZIP** _____

DRIVER (If different from owner) _____ **PHONE**_____

ADDRESS _____

CITY/STATE _____ **ZIP**_____

INSURANCE COMPANY NAME/AGENT _____

ADDRESS _____

CITY/STATE_____ **ZIP**_____

YEAR, MAKE AND MODEL OF VEHICLE_____

WAS A POLICE REPORT MADE OUT ON THIS ACCIDENT?   **YES   NO**

HAVE YOU REPORTED THIS ACCIDENT TO YOUR INSURANCE COMPANY?   YES   NO

DO YOU INTEND TO FILE 7 COLLECT THROUGH YOUR OWN INSURANCE CO?   YES   NO

WAS A TOWN VEHICLE INVOLVED? YES   NO   IF YES, PLATE NO._____

DRIVER'S NAME _____ **DEPT** _____

<u>SECTION 2:</u> PROPERTY DAMAGE

HAVE YOU FILED A CLAIM WITH YOUR INSURANCE COMPANY? YES   NO

INSURANCE COMPANY NAME _____

LOCAL AGENT'S NAME _____ **PHONE**_____

ADDRESS_____

CITY/ STATE _____ **ZIP** _____