



City of Niagara Falls
New York

NOTICE OF CLAIM FORM

FOR INDIVIDUALS CLAIMING PROPERTY DAMAGE OR LOSS OF PROPERTY TOTTALLING NOT MORE THAN \$15,000.00

Caution: Your completed Notice of Claim may only be served by personal delivery or by registered or certified mail. It is strongly recommended that you serve the City Clerk with your fully completed and notarized Notice of Claim. The City may reject any Notice of Claim that is served *later than 90 days* from the Date of Loss.

Neatly print or type complete information:

1. Name of Claimant: _____
(First) (Middle) (Last)

2. Address of Claimant: _____
Email Address: _____

3. Claimant's Phone #: (____) _____ - _____ Alternate # if available: (____) _____ - _____

4. Owner of Damaged / Lost Property: _____
(First) (Middle) (Last)

5. Owner's Address: _____
(If same as "Claimant", you may skip this part)

6. Owner's Phone #: (____) _____ - _____
(If same as "Claimant", you may skip this part)

7. Date of Loss: _____ Time of Loss: _____:_____ AM /PM (circle one)

8. Describe the exact location where Claim arose. Include nearest address and other landmarks. NOTE:
Attach any photos that you have showing the exact location and its immediate surroundings.

9. Police Report: YES / NO (circle one). Police Report # : _____

10. Nature of Claim / Manner in Which Claim Arose: _____

11. List all items of Property Damage to date. **NOTE:** You are required to attach two (2) estimates that itemize all damage. Also attach a copy of your *paid* receipt if repairs have been completed, along with any photos showing your property damage.

For auto damage, provide Make, Model, Year, and Mileage: _____

12. The damaged property IS / IS NOT (circle one) covered by property damage insurance. If covered by an insurance policy, provide insurance company's complete name and policy number:

13. If any part of the damages you are claiming is covered by insurance:
- a. have you submitted a claim yet? YES / NO (circle one)
 - b. have you received any compensation from insurance yet? YES / NO (circle one).
List all amounts received to date: _____
 - c. If answering NO to a-b above, do you intend to file a claim with insurance in the future? YES / NO (circle one).

THE UNDERSIGNED DECLARES, UNDER PENALTIES OF PERJURY, THAT I AM THE CLAIMANT HEREIN, THAT I HAVE COMPLETED AND THEN PROOF READ THIS ENTIRE DOCUMENT INCLUDING ITS ATTACHMENTS, AND THAT, TO THE BEST OF MY KNOWLEDGE, ALL SUCH INFORMATION AND MATERIALS ARE TRUE AND CORRECT.

Signature of Claimant

Date: _____

Sworn to before me this _____ day of _____, 20_____

Notary Public/Commissioner of Deeds