



**CITY OF AMSTERDAM
CLAIM FORM**

61 Church Street
Amsterdam, NY 12010

518 841-4305/4313/4362
518 842-6802 (fax)

*******PLEASE PRINT*******

NOTICE OF CLAIM ON THE CITY:

- Submit **TWO (2) duplicate** claim forms (per incident) with the City Clerk's Office either in person or by Registered Mail.
- Claims **MUST** be filed within **NINETY (90) days** from the date of the incident.
- After submission of the claim form(s), any questions should be directed to the Office of Corporation Counsel at 518-841-4303.

CLAIMANT'S NAME: _____

CLAIMANT'S ADDRESS: _____

PHONE NUMBER: _____

DATE AND TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

DESCRIBE INCIDENT IN DETAIL (WHAT WAS DAMAGED, HOW IT WAS DAMAGED AND BY WHOM):

NAME, ADDRESS AND PHONE NUMBER OF ANY WITNESSES:

INTER-OFFICE USE ONLY

FORWARDED TO APPROPRIATE DEPARTMENTS _____

PLEASE CONFIRM ID _____

**CITY OF AMSTERDAM
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PAGE 2**

ESTIMATED COST OF DAMAGE (*ATTACH RECEIPTS/ESTIMATES/PHOTOS*): \$ _____

WAS POLICE REPORT FILED? **YES** **NO** ******If so, provide copy of report.**

CLAIMANT'S SIGNATURE: _____ **DATE:** _____

(CLAIMANT'S SIGNATURE MUST BE DONE IN THE PRESENCE OF A NOTARY PUBLIC)

STATE OF NEW YORK)

SS.:

COUNTY OF _____)

On this _____ day of _____, 20____, before me personally came _____, to me known and known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

Notary Public