

CITY OF ROCHESTER

NOTICE OF CLAIM

Type or Print Legibly

<i>CITY USE ONLY</i>
CLAIM NUMBER
DATE FILED

CLAIMANT	NAME (FIRST - MIDDLE - LAST, OR BUSINESS NAME)	DATE OF BIRTH	PHONE
CURRENT HOME ADDRESS (NUMBER - STREET - CITY - STATE - ZIP)			E-MAIL ADDRESS
IF YOU ARE REPRESENTED BY AN ATTORNEY, PLEASE INCLUDE THEIR NAME & ADDRESS:		Your Attorney's Phone Number:	
		Your Attorney's E-Mail Address:	
ACCIDENT/LOSS	DATE	TIME	DIAGRAM Use if this will help you locate or describe what happened
LOCATION/SITE	BE SPECIFIC: STREETS, ADDRESSES, ETC.		
WHAT HAPPENED?	DESCRIBE IN YOUR OWN WORDS HOW THIS LOSS OCCURRED AND WHY YOU BELIEVE THE CITY IS RESPONSIBLE. (Attach additional pages and supportive documents as needed.)		
NAMES, ADDRESSES, AND PHONE NUMBERS OF ALL PERSONS INVOLVED IN OR WITNESS TO THIS INCIDENT			CITY DEPT?
1) _____ 2) _____ 3) _____			CITY EMPLOYEE
Ph: _____ Ph: _____ Ph: _____			CITY VEHICLE NUMBER, LICENSE, etc.
WAS YOUR PROPERTY DAMAGED? (i.e. Home, Auto, Other Personal Property)			
YES - Describe the property (Make, Model, Age, Mileage) and the extent of the damages			
NO			
WERE YOU INJURED?	YES NO		
If YES, describe your injury, identify your doctor(s), attach additional pages and supportive documents as needed.			
DID YOU INFORM YOUR INSURANCE COMPANY?	YES NO	If YES, COMPLETE THE FOLLOWING: Insurance Company Name: _____ Claim Number: _____ Insurance Policy Number: _____	
SIGNATURE OF CLAIMANT:		State of New York) County of _____)	
Verification: The above signatory, being duly sworn, deposes and says that she/he/they is the Claimant in this action; that he/she/they has read the foregoing Notice of Claim and know the contents thereof; that the same is true to her/his/their own knowledge, except as to those matters therein stated to be alleged upon information and belief, and as to those matters, I believe them to be true.		On the ___ day of _____, 20__ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.	
		_____ Notary Public	