

**NOTICE OF CLAIM FORM
TOWN OF CHEEKTOWAGA
TOWN CLERK'S OFFICE
3301 BROADWAY, CHEEKTOWAGA, NY 14227
(716) 686-3423**

PLEASE PRINT

Name _____
Address _____
City/State _____
Zip Code _____ Phone _____

Attorney (if any) _____
Address _____
City/ State _____
Zip Code _____ Phone _____

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 _____

_____ 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 SECTION 1 IF DAMAGE INVOLVED A MOTOR VEHICLE
PLEASE COMPLETE SECTION 2 IF DAMAGE IS TO PROPERTY (HOUSE, GARAGE, ETC)

SECTION 1: 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 _____

SECTION 2: 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 _____