

**Notice of Claim Form**  
**Town of Cheektowaga**  
**Town Clerk's Office**  
**3301 Broadway Street, Cheektowaga, NY 14227**  
**(716)686-3423**

*\*This form must be filed within 90days of the incident*  
*\* If you have property damage, Please complete either Section 1 or 2*

**Name** \_\_\_\_\_ **Attorney (if any)** \_\_\_\_\_

**Address** \_\_\_\_\_ **Address** \_\_\_\_\_

**City/State** \_\_\_\_\_ **City/State** \_\_\_\_\_

**Zip Code** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Nature of Claim:**

**Date of Occurrence:** \_\_\_\_\_ **Approximate Time** \_\_\_\_\_ AM \_\_\_ PM

**Location of Incident** (be specific as possible)

**Manner in which claim arose:**

**Items damaged or Personal injuries sustained:**

**Amount of Claim: \$** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Claimant**

By signing this form, I certify that all information contained in this notice is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties and civil liabilities

Complete Section 1 if damage to involved a motor vehicle  
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) \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company Name/Agent \_\_\_\_\_

Vehicle Description: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Was a police report made out at the accident? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you reported this accident to your insurance company? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you intend to file & collect through your own insurance company? Yes \_\_\_\_\_ No \_\_\_\_\_

Was a town vehicle involved? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Plate No. \_\_\_\_\_

Driver's name: \_\_\_\_\_ Department: \_\_\_\_\_

**Section 2: Property Damage**

Have you filed a claim with your insurance company: Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Local Agent's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_