

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** _____

Location of Incident (be specific as possible)

Manner in which claim arose:

Items damaged or Personal injuries sustained:

Amount of Claim: \$ _____

Signature of Claimant

Signature witnessed by me this

_____ day of _____, 20 _____

Signature of Notary

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 _____