

NOTICE OF CLAIM

Notice of Claim must be served on the Village Clerk in person
or by Certified Mail within 90 days after the claim arises.

Claimant's Name: _____

Claimant's Address: _____

Claimant's Telephone: _____

Claimant's Attorney and Address: _____

Date and Time Injury/Damage Occurred: _____

Location Injury/Damage Occurred: _____

Description of Occurrence: _____

Description of Injury/Damage: _____

SIGNATURE

STATE OF NEW YORK)

COUNTY OF _____) SS:

_____, being duly sworn, deposes and says that he/she is the claimant names above that he/she has read the foregoing Notice of Claim and knows the contents thereof; that the same is true to the knowledge of the deponent, except as to the matters stated therein to be alleged on information and belief and that as to those matters, he/she believes it to be true.

Subscribed and sworn to before me this

_____ day of _____, _____

Notary Public

This form is supplied for the convenience of the claimant. The use of this form shall not be deemed a waiver of any defense available to the Village of Ardsley as to form or otherwise.