

**CITY OF LACKAWANNA – NOTICE OF CLAIM**

**PLEASE NOTE:**      **TWO ESTIMATES MUST BE OBTAINED AND ATTACHED TO  
NOTICE OF CLAIM PAPERWORK**

**IN THE MATTER OF THE CLAIM OF**

**NOTICE OF CLAIM**

\_\_\_\_\_  
(Name)

Claimant Phone No.: \_\_\_\_\_

**-against-**

**CITY OF LACKAWANNA**

\_\_\_\_\_  
**PLEASE TAKE NOTICE** that (I) (We), \_\_\_\_\_,  
the undersigned, pursuant to the statutes in such cases made and provided, do hereby make claim against the  
City of Lackawanna, New York, for the sum of \_\_\_\_\_ (\$\_\_\_\_\_)   
dollars, and in support of such claim, do state the following:

1. My name is \_\_\_\_\_ and my post office address is \_\_\_\_\_.

2. The time when the claim arose and the time when the injuries or damages hereinafter alleged were  
sustained was approximately \_\_\_\_\_ o'clock in the a.m. / p.m. on \_\_\_\_\_, 2024.

3. The particular place of the sustaining of such injuries or damages was: \_\_\_\_\_.

4. This claim is one against the City of Lackawanna, New York for (please set forth the nature of your  
claim and the facts and circumstances forming the basis of the claim, including a specification of the acts or  
circumstances allegedly rendering the City of Lackawanna liable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

5. The injuries and/or damages sustained by me and for which I make this claim, consist of the following  
(please specify in detail the injuries or damages, if auto damage state Year, Make, Model and Plate No. of the  
vehicle): \_\_\_\_\_  
\_\_\_\_\_.

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6. I have received estimates for claimed damage from the following (name of company and address):

a. \_\_\_\_\_

b. \_\_\_\_\_

Copies of the estimate paperwork are provided with this Notice of Claim.

7. Has all or any part of this claim been paid by Homeowners Insurance of Auto Insurance?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

**WHEREFORE**, I respectfully request that my claim as set forth in this Notice be allowed and paid by the City of Lackawanna, New York.

\_\_\_\_\_  
Claimant Name (sign)

Dated: \_\_\_\_\_

STATE OF NEW YORK )  
COUNTY OF ERIE )ss:

On \_\_\_\_\_, 2024, before me personally appeared \_\_\_\_\_, to me known and known to be to be the person described in and who executed the foregoing Notice of Claim and duly acknowledge the execution thereof.

\_\_\_\_\_  
Notary Public