

**Notice of Claim Form
Town of Amherst
Town Clerk's Office
5583 Main Street, Williamsville, NY 14221
(716) 631-7021**

**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:

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

Was a police report made out at the accident? 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 _____

END OF FORM
SIGNATURE PAGE FOLLOWS

SIGNATURE PAGE

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

STATE OF NEW YORK }
COUNTY OF }ss.:

On the _____ day of _____ in the year 202__ before me, the undersigned, _____ personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to within the instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public