

Town Claim No. _____

Claimant's Notice of Claim

To: Town of Hamburg, Town Clerk
Hamburg Town Hall
S6100 South Park Avenue
Hamburg, NY 14075

Date: _____

Name _____ Phone: _____

Address _____

City/Town, State _____ Zip _____

Nature of Claim _____

For Personal Injury Claims, please answer the following:

Are you on Medicare: _____

Please provide Social Security Number: _____

Date and Time _____

Place _____

Manner (Description) _____

Damage/Injury and Amount Claimed _____

Signature

Subscribed and Sworn before me this
_____ day of _____ 20____.

Commissioner of Deeds or Notary
Public - Commission Expires: _____