

NOTICE OF CLAIM

AGAINST COUNTY OF ONONDAGA

PLEASE NOTE:

1. General Municipal Law requires all claims against the County be presented within 90 days of the Date of Loss.
2. This Notice of Claim must be served on the Onondaga County Attorney's Office, 10th Floor Civic Center, 421 Montgomery Street, Syracuse, NY 13202, either by personal service or certified or registered mail within ninety (90) days of the date of the damage or loss.
3. Please attach additional pages as necessary.
4. Note: If this claim involves an accident with a County vehicle, please include the attached Claimant's Report of Auto Accident.

CLAIMANT:

NAME: _____

ADDRESS: _____

HOME PHONE: _____ DAYTIME/BUSINESS PHONE: _____

LEGAL REPRESENTATIVE (if other than Claimant): _____

ADDRESS: _____

CLAIM/LOSS INFORMATION:

DATE OF LOSS: _____ POLICE AGENCY/OFFICER: _____

POLICE REPORT NO: _____

LOCATION OF LOSS: _____

DESCRIPTION OF THE INCIDENT/ACCIDENT:

DESCRIPTION OF LOSS (INJURY, PROPERTY DAMAGE, ETC.): _____

DOLLAR VALUE OF LOSS: _____

BASIS OF VALUE (APPRAISAL, ESTIMATE, RECEIPT, ETC) (ATTACH AS NECESSARY):

(Please note that the County may seek independent verification of loss)

WITNESSES:

1. _____
(Name, Address, Phone)

2. _____
(Name, Address, Phone)

INSURANCE INFORMATION:

CLAIMAINT'S INSURANCE AGENT AND/OR COMPANY (WITH POLICY #):

_____ I WILL REPORT THIS LOSS TO MY INSURANCE COMPANY.

_____ I WILL **NOT** REPORT THIS LOSS TO MY INSURANCE COMPANY.

I HAVE READ THE FOREGOING CLAIM FOR DAMAGES AND SAID CLAIM AND INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Signature)

Sworn to before me this
_____ day of _____, 20____.

NOTARY PUBLIC

WARNING: PRESENTATION FOR ALLOWANCE OR PAYMENT OF A FALSE OR FRADULENT CLAIM, WITH THE INTENT TO COMMIT A FRAUD IS A CRIME PUNISHABLE AS A FELONY UNDER NEW YORK LAW.