

COUNTY OF ONONDAGA



DEPARTMENT OF LAW

*John H. Mulroy Civic Center, 10th Floor
421 Montgomery Street
Syracuse, New York 13202
(315) 435-2170 • Fax (315) 435-5729
www.ongov.net*

JOANNE M. MAHONEY
County Executive

GORDON J. CUFFY
County Attorney

Dear Claimant

Attached hereto please find a Notice of Claim as you requested

Please fill out the Notice of Claim, **specifically stating how Onondaga County is responsible for your loss**, and return it to this office as soon as possible. You will also need to provide any estimates for repairs, parts, medical bills, etc. Please be advised that if this claim is for auto damages, the **registered owner** of the vehicle will need to fill out the claim (see Automobile Claim Form).

As stated on the attached No. 2, the Notice of Claim **MUST** be served, either by personal service or certified or registered mail on the Onondaga County Attorney's Office, 10th Floor Civic Center, 421 Montgomery Street, Syracuse, NY 13202 within ninety (90) days of the date of the damage or loss. **THE COUNTY OF ONONDAGA WILL NOT ACCEPT A NOTICE OF CLAIM FILED ELECTRONICALLY (WEB, E-MAIL OR FAX).**

If you have any questions regarding the form or the information to be provided, please contact Denise Karle at 435-2170.

Onondaga County Dept. of Law

Attachment

COUNTY OF ONONDAGA



DEPARTMENT OF LAW

John H. Mulroy Civic Center, 10th Floor
421 Montgomery Street
Syracuse, New York 13202
(315) 435-2170 • Fax (315) 435-5729
www.ongov.net

JOANNE M. MAHONEY
County Executive

GORDON J. CUFFY
County Attorney

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. If you have any questions concerning this form, please call 435-2170.
4. Please attach additional pages as necessary.

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: _____

COUNTY OF ONONDAGA



DEPARTMENT OF LAW

John H. Mulroy Civic Center, 10th Floor
421 Montgomery Street
Syracuse, New York 13202
(315) 435-2170 • Fax (315) 435-5729
www.ongov.net

JOANNE M. MAHONEY
County Executive

GORDON J. CUFFY
County Attorney

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 _____, _____.

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.