

In the Matter of the Claim of

TO: CITY OF OLEAN
101 East State Street
Olean, NY 14760

Please take notice that the undersigned claimant(s) hereby make(s) claim and demand against you as follows:

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

1. The nature of the claim:

2. The time when, the place where, and the manner in which the claim arose:

3. The items of damage or injuries claimed are (do not state dollar amounts) (please attach estimate)

The undersigned claimant(s) therefore present this claim for adjustments and payment. You are hereby notified that unless it is adjusted and paid with the time provided by law from the date of presentation to you, the claimant(s) intend(s) to commence an action on this claim.

Signature

State of New York)

ss

County of Cattaraugus)

_____ being duly sworn, deposes and says that deponent is the claimant in the within action; that he/she/they has read the foregoing Notice of Claim and knows the contents thereof; that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Signature

Sworn to before me this _____
day of _____ 20____

Notary Public

For Office Use Only

Sent to Carrier: _____ Sent to City Attorney _____