Jill Hageman-Clark
Town Clerk

# Town of Clay

"One of America's 100 Best Places to Live"

## NOTICE OF CLAIM

Please take notice that I _____ the undersigned, do hereby make the following claim against the **TOWN OF CLAY, NEW YORK** in the sum of _____dollars ($_____) and in support of such claim state the following:

1. My name is _____ and my post office address is

   _____, New York.
2. The claim is one against the Town of Clay, New York for _____

   _____.
3. The time that this claim arose and the damages alleged were sustained on or about _____, 20_____.
4. The particular place sustaining of such damages was _____

   _____.
5. The said damages for which claim is made arose in the following way:_____

   _____

   _____.

I do solemnly swear and affirm that the information within this affidavit/claim is true to the best of my knowledge and respectfully request that this claim be allowed and paid by the **TOWN OF CLAY.**

Dated _____ 20_____. Signed_____

State of New York )
County of Onondaga) SS Notary Public_____

(stamp/seal)

**THIS FORM MUST BE RETURNED TO THE TOWN CLERKS OFFICE WITHIN 90 DAYS FROM INCIDENT.**

**Form 14-1 Revised 7/30/14**

4401 State Route 31, Clay, New York 13041-8707
Phone: (315) 652-3800 ❖ Website: www.townofclay.org ❖ E-Mail: townclerk@townofclay.org ❖ Fax: (315) 622-7259