

Town of Clay

Jill Hageman-Clark
Town Clerk



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

NOTICE OF CLAIM

Please take notice that I _____ the undersigned, pursuant to the statutes in such cases made provided, do hereby make claim against the **TOWN of CLAY, NEW YORK** for the sum of _____ dollars (\$_____) and in support of such claim to state the following:

1. My name is _____ and my post office address is _____
_____, New York.

My phone number is _____. My email is _____.

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

3. The time this claim arose and damages alleged were sustained on or about
_____, 20____.

4. The particular place of the 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)SS
County of Onondaga)

Notary Public _____

This form must be returned to THE TOWN CLERK'S OFFICE within 90 days from the incident. *Any supporting documentation such as photos and/or receipts should be attached and submitted with the claim.***

4401 State Route 31, Clay, New York 13041-8707

REVISED 03/20/2018

Phone: (315) 652-3800 ❖ Website: www.townofclay.org ❖ E-Mail: townclerk@townofclay.org ❖ Fax: (315) 622-7259