

Personal Information (Please Print)

Full Name: _____
Last *First* *M.I.*

Address: _____
Street or Apartment #

City *State* *ZIP Code*

Home Phone: _____ **Alternate Phone:** _____

Email _____

NATURE OF CLAIM: _____

Date of Loss: _____ **Time of Loss:** _____

Place of Loss: _____

Manner In Which Claim Arose _____

Items Damaged or Personal Injuries Sustained

Vehicle ID # _____
IF claim involves the Impound Garage or if vehicle was towed by the City or its Agent

Amount Claimed\$ _____

Signature _____

FALSE STATEMENTS MADE IN THIS FORM ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW. ACCORDINGLY, AND WITH NOTICE OF THE FORGOING, I HEREBY AFFIRM THAT ALL OF THE STATEMENTS CONTAINED IN THE FORM ARE TRUE , UNDER PENALTY OF PERJURY.

SUBSCRIBED AND SWORN TO BEFORE THIS _____ DAY OF _____, 20____

Commissioner of Deeds or Notary Public

My Commission/Notary Expires: _____

N.B. IF CLAIM IS FOR PROPERTY DAMAGE AND OWNER IS DIFFERENT FROM DRIVER PLEASE LIST BOTH.