



CITY OF JOHNSTOWN
 Office of the City Clerk
 PO Box 160, 33-41 East Main Street
 Johnstown, New York 12095
 (518) 736-4011

- OFFICE USE ONLY -	
Received on:	____ / ____ / ____
@ _____:	_____ am / pm
Signature	_____

CLAIM FOR DAMAGES

CLAIMANT	Name:	
	Mailing Address:	
	City:	State: _____ Zip: _____
	Phone: () -	Email: _____

INCIDENT	Date:	Time:
	Location of Loss:	
	Description:	

DAMAGES	Describe the value and extent of the damage to your home, vehicle, or personal property. Attach estimate, invoices, or other documentation that support your loss.

INJURY	If you were injured, please describe your injury and how it occurred:

PLEASE NOTE: ANY CORRESPONDENCE AND/OR CONVERSATION WITH A CITY OFFICIAL OR EMPLOYEE PRIOR TO SUBMITTING A CLAIM CONSTITUES NEITHER AN ADMISSION OF LIABILITY ON THE PART OF THE CITY OF JOHNSTOWN NOR A WAIVER OF THE CLAIM REQUIREMENTS PURSUANT TO GENERAL MUNICIPAL LAW OF THE STATE OF NEW YORK.

ACCEPTANCE OF A CLAIM BY THE CITY CLERK IS NOT TO BE CONSTRUED THAT SUCH CLAIM WILL BE PAID BY THE CITY OF JOHNSTOWN.

I declare under penalty of perjury under the laws of the State of New York that the foregoing is true and correct.

Date: ____ / ____ / ____

_____ CLAIMANT SIGNATURE