

NOTICE OF CLAIM

Claim must be filed *in person* or *by registered or certified mail within 90 days of the occurrence* at the Smithtown Town Clerk's Office, 99 West Main Street, Smithtown, New York 11787-0646. It must be *notarized*. Please refer to "Instructions for Filing a Notice of Claim against the Town of Smithtown" when completing this form.

I am filing: On behalf of myself.

On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

Attorney is filing.

First Name:

Attorney Information (If Applicable)

Relationship to claimant:

Firm or Last Name:

Firm or First Name:

Address:

Claimant Information

Last Name:

First Name:

Address:

Phone:

Email:

Date of Birth:

Phone:

Email:

Occupation:

Time and place where the claim arose.

Date of Incident:

Time of Incident:

Location of Incident:

Manner in which claim arose:

(Attach extra sheet(s) if more room is needed.)

The items of damage or injuries claimed are:

(Attach extra sheet(s) if more room is needed.)

_____ Date

_____ Signature of Claimant

State of New York

County of _____

I, _____, certify that all information contained in this notice is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties and civil liabilities.

Sworn to before me this ____ day of _____, 20__.

_____ Signature of Claimant

_____ Signature of Notary Public