



NOTICE OF CLAIM AGAINST THE CITY OF GENEVA

Return completed form **IN PERSON** or by **CERTIFIED** or **REGISTERED MAIL** to:

Geneva City Clerk, City Hall, 47 Castle Street, Geneva, New York 14456

Service of Notice of Claim by Facsimile or E-mail is NOT acceptable.

All claims must be properly submitted in writing to the City within 90 days after claim arises.

Claims involving vehicle damage must be submitted by Registered Owner.

Mr. / Mrs. (check one) First name: _____ Last Name(s) _____

Home Address: _____

Primary Telephone () _____ (check one) Mobile Home Work

Secondary Telephone () _____ (check one) Mobile Home Work

State when this claim arose: Month: _____ Day: _____ Year: _____ Time ___: ___ am / pm (check one)

State the nearest address, place, or location where this claim occurred: _____

State the factual nature of your claim and how it occurred, including the reason for the City's liability for your claim:

PROVIDING FALSE CLAIM INFORMATION IS PUNISHABLE AS A CRIME

The undersigned claimant attests under the penalty of perjury that the above information is correct

Date: _____

Claimant(s) Name: _____

Subscribed and sworn to before me

This ___ day of _____, 20____

Claimant(s) Signature: _____

(sign only in presence of a notary public)

Notary Public

City of Geneva Notice of Claim Supplemental Information

Social Security Number _____

Claimant's Date of Birth: Month: _____ Day: _____ Year: _____

State type of bodily injuries claimed, if any: _____

Name and address of Claimant's attorney: _____

Name and address of health care providers seen for claimed injuries: _____

State type of property damages claims, if any: _____

State total dollar value being claimed \$_____ State how claim value was determined and attach copies of any bills, estimates, etc.: _____

If your claim involves a motor vehicle, please provide the following information regarding your vehicle:

Year: _____ Make: _____ Model: _____ Mileage: _____

Are you the registered owner of the motor vehicle? (check one) Yes No

PLEASE PROVIDE A REPAIR ESTIMATE FOR ANY DAMAGES TO A MOTOR VEHICLE

Did you report the incident to the Police? (check one) Yes No

Name of Police Department Responding: _____ Report #: _____

Witness Name: _____ Address: _____ Telephone: _____

Witness Name: _____ Address: _____ Telephone: _____

My Insurance Agent's Name: _____ Telephone: _____

My Insurance Companie's Name: _____ Telephone: _____

I have made the following insurance claims within the last 10 years:

Claim Type: _____ Date: _____ Paid by: _____ Amount: _____

Claim Type: _____ Date: _____ Paid by: _____ Amount: _____

Office of the City Clerk

Nicole Tillotson

CITY HALL- 47 CASTLE STREET- GENEVA, NEW YORK 14456

(315) 789-2603 - FAX (315) 789-0604 - ntillotson@geneva.ny.us - www.cityofgenevany.com