



## 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:

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### 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 Company'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

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