



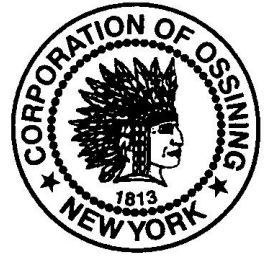
MARY ANN ROBERTS
TOWN / VILLAGE CLERK

TOWN OF OSSINING VILLAGE OF OSSINING

MUNICIPAL BUILDING

16 Croton Avenue

Ossining, NY 10562
Phone (914) 762-8428
Fax (914) 941-0627



To Whom It May Concern:

In order to file a claim with the Village of Ossining you are referred to the provisions of Section 50-e of the General Municipal Law of the State of New York, which governs the filing of claims against municipalities:

This law states in part, that the Notice of Claim must be served within ninety (90) days after the claim arises; that it must be in writing, sworn to before a notary public; and that it sets forth:

1. The name and post office address of each claimant, and of his attorney, if any.
2. The nature of the claim.
3. The time when, the place where, and the manner in which the claim arose.
4. The items of damage or injuries claimed to have been sustained so far as then practicable, and
5. Two estimates of damages (if applicable).
6. The documents must be either hand delivered to the Clerk/Treasurer's Office or mailed certified mail to the Clerk/Treasurer's Office at 16 Croton Ave. Ossining, NY 10562.

Until you have complied with this law, your claim shall not be considered as having been legally filed.

Sincerely,

Mary Ann Roberts
Town/Village Clerk

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

X

In the Matter of the Claim of _____

- against-

NOTICE OF CLAIM

Village Town City County of _____

X

TO: Village Town City County of _____

PLEASE TAKE NOTICE that the claimant herein hereby makes claim and demand against you as follows:

1. The name and post-office address of the claimant and of his/her attorney is:

Claimant

Claimant's Attorney

_____	_____
_____	_____
_____	_____
_____	_____

2. The nature of the claim:

3. The time when, the place where and the manner in which the claim arose: The incident occurred on _____, 20____, at or about _____ a.m. p.m.,

4. The items of damage or injuries claimed are:

That said claim and demand is hereby presented for adjustment and payment. You are hereby notified that unless it is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence an action on this claim.

Dated: _____, 20____
_____, New York

Signature

Print Name

STATE OF NEW YORK)
) ss.:
COUNTY OF)

I, _____, am the Claimant in the above-entitled action. I have read the foregoing complaint and know the contents thereof. The contents are true to my own knowledge except as to matters therein stated to be alleged upon information and belief, and as to those matters, I believe them to be true.

Signature

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

Notary Public