



# VILLAGE OF OSSINING

16 Croton Avenue  
Ossining, NY 10562  
Phone (914) 762-8428

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.

*For matters involving property damage it is requested that two estimates be provided.*

The documents must be either hand delivered or mailed via certified or registered mail to one of the following:

Susanne Donnelly, Village Clerk  
16 Croton Ave  
Ossining, NY 10562

Village of Ossining Corporation Counsel  
16 Croton Ave  
Ossining, NY 10562

Mayor of Village of Ossining  
16 Croton Ave  
Ossining, NY 10562

Village of Ossining Trustees  
16 Croton Ave  
Ossining, NY 10562

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



## **Notice of Claim**

**In the Matter of the Claim of** \_\_\_\_\_

**- Against -**

**The Village Of Ossining**

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**Please take notice that the claimant herein hereby makes claim and demand against you as follows:**

### **Claimant's Information:**

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

### **Claimant's Attorney Information (If Any):**

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

### **Nature of Claim**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Time When, Place Where and Manner in which the Claim Arose**

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**The Items of Damage or Injuries Claimed Are:**

*Please attach two estimates of damages, if available*

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**COMPLETED IN PRESENCE OF A NOTARY**

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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss.:  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, am the Claimant in the above-entitled action. I have read the foregoing Notice of Claim 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