



Per your request, attached is a Town of Huntington Notice of Claim Form.

Complete and return it in accordance with the New York State General Municipal Law §50-e.

FOR ALL CLAIMS PLEASE INCLUDE: (if applicable/available)

- Police Report/Incident Report
- Date & Time of Incident
- Photographs of the accident exact location and/or alleged defect – include street addresses and cross streets
- Witness(es) contact information

FOR ALL CLAIMS OF PROPERTY DAMAGE PLEASE INCLUDE: (if applicable/available)

- Photographs of the Property Damage
- Photographs of the accident, exact location and/or alleged defect (if available)
- Two estimates for repairs
- Invoice (s) and proof of payment for repairs
- Police report/incident report (if available)
- State whether you or not you have insurance to cover the claim. If so, provide: name of insurance company; was this claim reported to your insurance company; if payment was made or pending; and amount of deductible.

Serve the attached Notice of Claim form and the required information by personal delivery to the Town Clerk's Office or by Certified or Registered Mail to:

Town of Huntington – Town Clerk
100 Main Street
Huntington, NY 11743

Note: The Town of Huntington does not have a formal claim appeal process. All claim decisions are final.

Encl.

In the Matter of the Claim of:

To:

PLEASE TAKE NOTICE that the undersigned claimant (s) hereby make (s) claim and demand against you as follows:

1. The name, address, telephone number and email of each claimant and claimant's attorney are:

2. The nature of the claim: Please provide complete details

3. The date, time, place and the manner in which the claim arose:

4. The items of damage or injuries claimed are (do not state the dollar amounts):

The undersigned claimant(s) therefore present this claim 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 (s) intend(s) to commence an action of this claim.

I certify that all the information contained in this notice of claim is true and accurate to the best of my knowledge. I understand that the willful making of false statements of material fact herein may subject me to criminal penalties and civil liability.

Dated:

The name signed must be printed beneath

Printed Name

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

On the day of _____, in the year before me, the undersigned, a Notary Public in and for said State, personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity and that by his/her signature on the instrument, the individual acted, executed the instrument.

Notary Public Stamp/Seal and
Commission Expiration Are Required

Notary Public Signature