

TOWN OF OSSINING

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

Claim for Reimbursement or Replacement

Please complete and submit by email, mail and/or hand delivery to the Town Clerk and Town Supervisor as follows:

Susanne Donnelly, Town Clerk 16 Croton Avenue Ossining, NY 10562 SDonnelly@townofossining.com Dana Levenberg, Town Supervisor 16 Croton Avenue Ossining, NY 10562 DLevenberg@townofossining.com

Personal Information:

Name:		
Phone Number:	Email:	
Address:		
	Nature of Claim:	
	Date and Location of Occurrence: Attach additional pages, if necessary	

The Damaged Items Are:

Attach at least one estimate of damages, although two is preferred Any Additional Information You Wish to Provide: Attach additional pages, if necessary THIS FORM IS INFORMATIONAL ONLY AND IS NOT A SUBSTITUTE FOR, OR INTENDED TO SERVE AS COMPLIANCE WITH, ANY NOTICES REQUIRED TO BE SERVED BY ANY APPLICABLE LAW, INCLUDING BUT NOT LIMITED TO GENERAL MUNICIPAL LAW § 50-E. THE TOWN DOES NOT PROVIDE LEGAL ADVICE. YOU HAVE THE RIGHT TO CONSULT WITH AN ATTORNEY. COMPLETED IN PRESENCE OF A NOTARY **Signature:** _____ Print Name: ____ **STATE OF** ______) COUNTY OF I, ______, have read the foregoing Claim for Reimbursement or Replacement and know the contents thereof. The contents are true to my own knowledge except as to matters therein stated to be 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