



TOWN CLERK, DIANE WILHELM

200 Howell Avenue
Riverhead, NY 11901
631-727-3200 Ext. 260

CLAIM FORM

Name of Claimant: _____

Address of Claimant: _____

Name of Attorney: _____

Address of Attorney: _____

Date of Submitted: _____

Method Received: ex: Personal Delivery: _____ Reg. Mail: _____

Time and Place of Incident: _____

Description of Incident: _____

Amount of Damages Claimed: \$ _____

CLAIMS MUST BE SENT BY REGISTERED MAIL OR DELIVERED PERSONALLY. CLAIM MUST BE SERVED WITHIN 90 DAYS OF INCIDENT.

Note: General Municipal Law Sec. 50-1(C): "The action or special proceeding shall be commenced within one year and ninety days after the happening of the event upon which the claim is based; except that wrongful death actions shall be commenced within two (2) years after the happening of the death."

Town of Riverhead)
County of Suffolk) s.s.
State of New York)

I, _____ being duly sworn, says that he/she is the claimant above named; that he/she has read the foregoing claim and knows the contents thereof; and that the same is true to the knowledge of claimant except as to the matters therein stated to be alleged on information and belief and that as to those matters he/she believes it to be true.

Signature _____
Claimant Social Security #

Sworn to before me this _____ day
of _____.

_____ (Notary Public, Suffolk County, State of New York)