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

Elizabeth Feldman, Town Supervisor
16 Croton Avenue
Ossining, NY 10562
Feldman@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: _____ Date: _____

Print Name: _____

STATE OF _____)
) ss.:
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