

Please be advised that any information provided on, and with, this Notice of Claim will be published in the Public Access area of the Erie County Water Authorities website which can be accessed by the General Public.

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NOTICE OF CLAIM FORM

ERIE COUNTY WATER AUTHORITY
 295 MAIN STREET – ROOM 350
 BUFFALO, NEW YORK 14203-2494
 (716) 849-8465

Claimant(s) Name	CHRISTOPHER MATTHEWSON		
Address	43 PEARL AVE. Blandford NY 14219	Cell Phone #	[REDACTED]
Email Address	[REDACTED]	Home Phone #	[REDACTED]

Accident / Damage / Injury Location			
Date of Incident		Time of Incident	a.m. / p.m.
Police Contacted?	Yes / No	Police Report Taken?	Yes / No
Name of Police Agency			

PROPERTY DAMAGE CLAIMS ONLY

N/A if not applicable

If this is not your property, give the name and address of the owner:

Name			
Address		Zip Code	
Home Phone #		Work Phone #	

PLEASE ATTACH ESTIMATES

Repair Estimates	\$		\$
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PROPERTY DAMAGE AND PERSONAL INJURY WITNESSES

Name		Name	
Address		Address	
Phone		Phone	

Attach copies of Medical bills once submitted to health insurance or automobile insurance.

ONLY PROVIDE COPIES OF THE MEDICAL BILLS. DO NOT PROVIDE MEDICAL RECORDS WITH THIS CLAIM FORM.

Claimant's Statement (please print legibly and be specific):

In Fall of 2025 we RECEIVED NOTICE FROM ECWA THAT OUR HOME WAS IDENTIFIED TO HAVE LEAD PIPES.

In December (12/3/25) WE HAD THE PIPES REPLACED BY T-MANIC

THIS REPLACEMENT OCCURED PRIOR TO ERIE COUNTY REPLACEMENT PROGRAM

All statements herein are made under penalty of perjury.

Add Additional Pages if necessary

Date: March 30, 2026


Claimant's Signature

STATE OF NEW YORK)
COUNTY OF ERIE)

ss:

On this 30th day of March, 2026^{6th 313026} before me, personally appeared, Christopher C Mathewson 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, or the person upon behalf of which the individual acted, executed the instrument.

DENISE L. ERNST
NOTARY PUBLIC STATE OF NEW YORK
QUALIFIED IN ERIE COUNTY
I.C. #01ERS030645
COMM. EXP. JULY 18, 2026


Notary Public



T-Mark Plumbing, Heating, Cooling & Electric
 577 Englewood Ave
 Buffalo, New York 14223
 (716) 864-7277

BILL TO

Chris & Betsy Mathewson
 43 Pearl Ave
 Blasdell, NY 14219 USA

INVOICE 283435	INVOICE DATE Dec 03, 2025
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JOB ADDRESS

Chris & Betsy Mathewson
 43 Pearl Ave
 Blasdell, NY 14219

Completed Date: 12/3/2025

Technician: Brian Sinclair

Technician: Jim Buttery

Technician: Matt Zawislak

Payment Term: Due Upon Receipt

Due Date: 12/3/2025

DESCRIPTION OF WORK

- excavate and Install new 3/4" copper water service from curb valve into basement with new main ball valve
- all parts ,labor permits and necessary inspections included
- sidewalk replacement included if needed
- no finish landscaping included
- discount invoice \$500 if concrete does not need replacing

TASK	DESCRIPTION	QTY	PRICE	TOTAL
MISCNTSERVICE	Service - Non Taxable Misc.	1.00	\$6,171.00	\$6,171.00

PAID ON	TYPE	MEMO	AMOUNT
12/3/2025	Mobile Check Capture		\$6,171.00

SUB-TOTAL	\$6,171.00
TAX	\$0.00
TOTAL DUE	\$6,171.00
PAYMENT	\$6,171.00
BALANCE DUE	\$0.00

Thank you for choosing T-Mark
CUSTOMER AUTHORIZATION

This invoice is agreed and acknowledged. Payment is due upon receipt. A service fee will be charged for any returned checks, and a financing charge of 1% per month shall be applied for overdue amounts.



Sign here

Date 12/3/2025

CUSTOMER ACKNOWLEDGEMENT

I find and agree that all work performed by T-Mark Plumbing, Heating, Cooling & Electric has been completed in a satisfactory and workmanlike manner. I have been given the opportunity to address concerns and/or discrepancies in the work provided, and I either have no such concerns or have found no discrepancies or they have been addressed to my satisfaction. My signature here signifies my full and final acceptance of all work performed by the contractor.



Sign here

Date 12/3/2025
