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	ATRICK	WOODN	CAN						
Address 519		184	14 DIANA LN LAKEBIG			Cell Phone #			(
Email Address						Home Phone #				
Accident Location	Damage	Injury	Collapse	d se	wer line	ın	the re	each a	+ Abou	E ADDRESS
Date of in	ncident				Time of Incider		nt		a.m. / p.m.	
Police Contacted?			Yes No		Police Report Taken?			Yes /No		
Name of Police Agency			N/A							
PROPERT	TY DAMAG		IS ONLY the name and a	ddress of	the owner:					N/A if not applicable
Name	PATRY	ch W	MAMQUO							
Address	Address 5184 Pu		4 LN LA	KE VIE	W NY		ip Code	Code 14085		
Home Ph	SHEET PROPERTY.				Work Ph	none	#			
			PLE	ASE ATI	ACH ESTIMA	ATES	S			
Re	Repair Estimates		\$				\$			
ROPERTY	DAMAGE	AND PE	RSONAL INJ	JRY W	ITNESSES					
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):

Ciamant's Statement (please print legiony and be specific).
Summer of 2024 A new water main and water lines
were installed Down my street. After the work was completed
I started having issues with my sewer line backing up
at 5784 DIANA Ln. I had to snake the secur line in
September of 2024. Then again in February of 2025. After Snaking
and clearing the line had the line inspected with a camera
_ and it was discovered the line is collapsing in the son street.
- Previous to the water main and water line installation I had
No previous issues with my sewer line.
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All statements herein are made under penalty of perjury. Add Additional Pages if necessary
Date: 3/11/2-25 Claimant's Signature
STATE OF NEW YORK) ss: COUNTY OF ERIE)
On this It day of Manna, 2025 before me, personally appeared Manna 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 our the person upon behalf of which the individual acted, executed the instrument. AMANDA M KAZIMER Notary Public, State of New York O1KA6427087 Qualified in Erle County Notary Public My Commission Expires December 20, 2025
My Commission —