

C-3

NOTICE OF CLAIM FORM

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

Claimant(s) Name	LES HEAVEN		
Address	281 E. STERLING AVE ANGOLA NY 14006	Cell Phone #	[REDACTED]
Email Address	[REDACTED]	Home Phone #	[REDACTED]

Accident / Damage / Injury Location	281 E. STERLING AVE ANGOLA NY 14006		
Date of Incident	2/9/26	Time of Incident	? a.m. <input checked="" type="radio"/> p.m.
Police Contacted?	Yes <input checked="" type="radio"/> No	Police Report Taken?	Yes <input checked="" type="radio"/> No
Name of Police Agency	NA		

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	CHRIS CATHIA	Name	
Address		Address	
Phone	[REDACTED]	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):

THERE WAS A WATER MAIN BREAK UP THE STREET
& ALL OF THE WATER FROM THE BREAK WAS
DIRECTED ONTO MY PROPERTY RESULTING IN
MY PROPERTY BEING WASHED OUT, SEVERE
FLOODING OF MY GARAGE WHICH HAD TURNED
TO ICE, DAMAGE TO THE FOUNDATION
OF THE GARAGE, CONCRETE HEAVING, POSSIBLE
DAMAGE TO MY UTILITY TRAILER, CRACKED
CONCRETE IN MY GARAGE, OUR PRIVATE
ROADWAY TOPPING MATERIAL BEING WASHED
OUT, & OUR MAILBOXES BEING WASHED OUT.
I WILL NOT KNOW THE TRUE EXTENT OF
THE DAMAGE UNTIL THE SNOW MELTS. I
ALSO HAD 2 FULL DAYS OF CLEAN UP
THAT I HAD TO DO TO THE FLOODING CAUSED
BY THE BREAK.

All statements herein are made under penalty of perjury.

Add Additional Pages if necessary

Date: 2/26/26


Claimant's Signature

STATE OF NEW YORK)
COUNTY OF ERIE) ss:

On this 26th day of February, 2025 before me, personally appeared, Les Heaven 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.

Charles G. Kramer
Notary Public, State of New York
No. 01KR6310371
Qualified in Erie County
Commission Expires 08/25/2026


Notary Public