

PROPERTY DAMAGE CLAIMANT STATEMENT
CLAIMS REPRESENTATIVE / RISK MANAGER
ERIE COUNTY WATER AUTHORITY
 295 MAIN STREET - ROOM 350
 BUFFALO, NEW YORK 14203-2494
 (716) 849-8465- TELEPHONE
 (716) 849-8463 - FAX

Property Damage Claim :

Claimant Name	JR Enterprises - Harold McWilliams		
Address	6519 Broadway St.	Zip Code	14086
Home Phone #	716- [REDACTED]	Work Phone #	

Accident / Damage Location	6519 Broadway / Broadway St.		
Date of Incident	4/17/21	Time of Incident	10am ish (a.m./p.m.)
Police Contacted?	Yes / No	Police Report Taken?	Yes (No)
What Agency?	911 called		

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

N/A if not applicable

Name			
Address		Zip Code	
Home Phone #		Work Phone #	

Repair Estimates	\$ _____	\$ _____ → Attached
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Attach Estimates

Witness(es), if available

Name	Scott Pease	Name	Samantha Sjerra
Address	Building Inspector	Address	6519 Broadway
Phone	716- [REDACTED]	Phone	716- [REDACTED]

Claimant's Statement (please be specific):

Water main broke between Mooney's - 6519 at Street. Erie County Side of Broadway St. Saturday 4/17/21 9am. Within 1 hour flooded entire basement, over left water, reached the top of 1st floor joists. Ruined all basement utilities breaker box, furnace, hot water tank

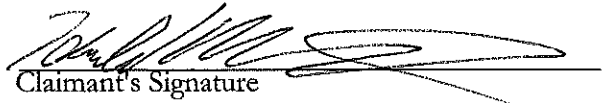
Blew out basement window. All tenets had to be evacuated. top floor tenets had covid 19 + had to be quarantined. Lower tenets needed to be evacuated.

We had to pay for housing for both tenets.

All statements herein are made under penalty of perjury.

Add Additional Pages if necessary

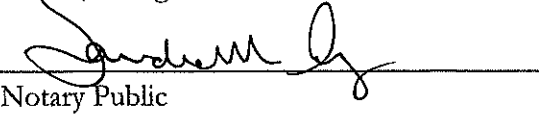
Date:


Claimant's Signature

STATE OF NEW YORK)
COUNTY OF ERIE) ss:

On this 3rd day of may 2021, before me personally appeared to me known, and known to me to be the same person described in and who executed the within instrument and he/she acknowledged to me that he/she executed the same.

SANDRA M. EWING
Notary Public, State of New York
No. 01EW6101079
Qualified in Genesee County
My Commission Expires Nov. 3, 2023


Notary Public

Hill McDermott
6519 Broadways
Lancaster, NY 14086

RETURN RECEIPT
REQUIRED

Andrew Poble
Claims Representative
Erie County Water Authority
295 Main St. Room 350
Buffalo, NY 14203

CERTIFIED MAIL
7020 2450 0001 5467 3714



14203

US POSTAGE PAID
LOW LETTERS
LANCASTER, NY
MAY 04 21
14086
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