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.

## NOTICE OF CLAIM FORM

ERIE COUNTY WATER AUTHORITY 295 Main Street – Room 350 Buffalo, New York 14203-2494 (716) 849-8465

Claimant(s	) Name							
Address			4.44		Cell	Phone #		
Email Address					Home Phone #			
Accident /	Damaç	ge / Injury					-	
Date of Incident				Time of Incid	Fime of Incident		a.m. / p.m.	
Police Contacted?		?	Yes / No	Police Report Taken?			Yes / No	
Name of P Agency	olice			1.4%	10100000			
If this is n		Property, give	the name and address of	the owner:			N/A if not applicable	
Name	111	a h	S JESTO				and the second s	
Address 5017		115 M	Walden once		Zip Co	ode M		
Home Pho	one#	1110 1	127-7529	WOFK	none#			
			PLEASE AT	TACH ESTIM	ATES		3.11.A.mou	
Repair Estimates \$ 800, 80			)	\$				
ROPERTY	DAMA	GE AND PE	RSONAL INJURY W	ITNESSES				
Name (	Ja	cil (	Schzustzus	Name		×		
Address	556	s Ju	no Oruse	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):
cm Clugast 10 2021 a water leve broke at
Walden Druk and water kun down the
Must it all the transfer that the
Mus y at, an the wat readon in
Street and twind twicky upo Our
property. He flow was Strowenough
to wash away under the good and
Could plates to shift & break.
when we sugar we have the musher
DOHEN BUT AN WARRING TO WOLL O
45elf od. Toould Vere have
To agreed the happeness, keek you
to explain the date of the white the
water washing het From lender the own.
the bottom is so too kelly and benow from
The flooders under reach it relate thered.
We have added New grainage three
in our word to reptudes hold the
direction of any water flow in the tuture.
All statements herein are made under penalty of perjury.  Add Additional Pages if necessary
1 11 to 1 to 1
Date: 9/11/2021  Claimant's Signature
TINA M. LODESTRO  Notary Public
STATE OF NEW YORK ) State of New York
COUNTY OF ERIE ) ss: My Comm. Exp. 05-27-2007
On this day of D 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.
Lia M NO CESCIO
Notary Public