

C-4

NOTICE OF CLAIM FORM

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

Claimant(s) Name	LORI NOTARO GREENE		
Address	5310 S. Western	Cell Phone #	716- [REDACTED]
Email Address	The Mens Room 1988 Da mrt	Home Phone #	716- [REDACTED]
Accident / Damage / Injury Location	5310 S Western		
Date of Incident	Feb 19, 2025	Time of Incident	10:30 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	LORI NOTARO GREENE		
Address	6114 Haddon Rd	Zip Code	14085
Home Phone #	716- [REDACTED]	Work Phone #	716- [REDACTED]

PLEASE ATTACH ESTIMATES

Repair Estimates	\$ 27000.00 + 1500.00 milky	\$ 28,000.00
------------------	-----------------------------	--------------

PROPERTY DAMAGE AND PERSONAL INJURY WITNESSES

Name	AL / A	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):

To Whom it May Concern;

Feb 10, 2025.

10:00 am. Got to my barbershop and the water was coming from a water main break on (Rt 20) my parking lot was FROZE OVER 5-6 inch of ICE. I Reached out to the (E.C.W.A) and Carter Bates arrived to evaluate the situation. Got back to me and the crew worked from 12:00 am to 3:00 pm the next day. I've been in contact with Molly and she's been awesome. Follow up of this will be pictures of my parking lot, the water and ice, destroyed mud lot, cracks, heaving, breaking of black top, and now pot holes forming at this point I do not need customers falling or tripping to an illegal parking lot. I have elderly clients. I also sent photo's to Molly

Carter Bates - (ECWA) 716.598.0528

Molly Muserra - Email: mmuserra@ecwa.org

All statements herein are made under penalty of perjury.

Add Additional Pages if necessary

Date: 2.15.25


Claimant's Signature

STATE OF NEW YORK)
COUNTY OF ERIE)

ss:

On this 15 day of May, 2025 before me, personally appeared, Lisa Miller Brown 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.

ANDREA M. LOCUTRO-STOLL
NOTARY PUBLIC STATE OF NEW YORK
ERIE COUNTY
LIC. #01LO6135509
COMM. EXP. 10/17/2025


Notary Public