

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.

C-5

Sub # 2025-006064-0

NOTICE OF CLAIM FORM

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

|                  |                                      |              |              |
|------------------|--------------------------------------|--------------|--------------|
| Claimant(s) Name | New York Central Mutual Ins.         |              |              |
| Address          | 1849 Central Ave E Edinboro NY 13335 | Cell Phone # |              |
| Email Address    | j.clement@NYCM.com                   | Home Phone # | 607-965-3596 |

|  |                                  |                      |                          |
|--|----------------------------------|----------------------|--------------------------|
| Accident / <u>Damage</u> / Injury Location | 8 Kent Dr. Orchard Park NY 14127 |                      |                          |
| Date of Incident                           | 7-31-25                          | Time of Incident     | 12:00 a.m. / <u>p.m.</u> |
| Police Contacted?                          | Yes / <u>No</u>                  | Police Report Taken? | Yes / <u>No</u>          |
| 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         | James J & Joan M Bysfrank |              |       |
| Address      | 8 Kent Dr Orchard Park    | Zip Code     | 14127 |
| Home Phone # | 716-675-3527              | Work Phone # | NA    |

PLEASE ATTACH ESTIMATES

|                  |             |    |
|------------------|-------------|----|
| Repair Estimates | \$ 5,986.60 | \$ |
|------------------|-------------|----|

PROPERTY DAMAGE AND PERSONAL INJURY WITNESSES

|         |                        |         |  |
|---------|------------------------|---------|--|
| Name    | James J Bysfrank       | Name    |  |
| Address | 8 Kent Dr Orchard Park | Address |  |
| Phone   | 716-675-3527           | 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.

08/19/2025 12:01:30

08/19/2025 12:01:30

Subo # 2025-006061-0

Claimant's Statement (please print legibly and be specific):

Due to my insured's sewage line being damaged when the Erie County Water Authority was at my insured's location repairing the under main, we are demanding you pay us the ACV of \$5,986.60 which includes our insured's deductible of \$500.00

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 14<sup>th</sup> day of August, 2025 before me, personally appeared, Johnathan Clements 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.

DEBRA A. WHEELLOCK  
Notary Public in the State of New York  
Registration No. 01WH4993775  
Appointed in Otsego County  
My Commission Expires 3-23-2026

Debra A Wheellock  
Notary Public