NOTICE OF CLAIM

TO: ERIE COUNTY WATER AUTHORITY

1. CLAIMANT INFORMATION

- **Full Name:** _David Nebral_____
- **Mailing Address:** _5929 Broadway St. Lancaster, NY 14086
- **Phone Number:** _716[redacted]_____
- **Email Address:** _[redacted]_____

2. INCIDENT DETAILS

- **Date of Incident:** _09_ / _25_ / _2026____
- **Time of Incident:** _2:00-8:00_____ x AM ☐ PM
- **Exact Location of Incident:** __5929 Broadway St. Lancaster, NY 14086_____
  (Provide a specific street address, intersection, or physical landmark where the water issue/damage occurred)

3. DESCRIPTION OF CLAIM

Describe the nature of the claim, what happened, and how the water authority's property or actions caused the damage or personal injury:

There were 4 water main breaks on my property at 5929 Broadway St. in Lancaster on 9/25/26 at approximately 2am. The water flowed across my property for approximately 6 hours from viewing security footage from my house. Water flowed at an extensive rate which eroded away many parts of my yard and washing dirt and rocks into my pond on property requiring extensive clean-up. This also included 100 lbs. of grass seed I had just over seeded my yard with. Claim is for replacement top soil and seed to repair the parts of my yard not near the road where the crew said would be covered.

4. DAMAGES & FINANCIAL LOSS

- **Total Repair Estimates / Value of Loss:** $__985.76_____
- **Insurance Deductible Amount:** $__2500_____
- **Name of Property Owner (if not the claimant):** _____
  (Please attach physical copies of your repair estimates, photographs, and your insurance policy declarations page showing your deductible)

5. POLICE INVOLVEMENT

- **Were police contacted?** ☐ Yes X No
- **Name of Police Agency:** _____ **Report Taken?** ☐ Yes ☐ No

6. SIGNATURE & NOTARIZATION

All statements made herein are made under penalty of perjury.

Claimant Signature: _____ **Date:** 10 / 14 / 2026

STATE OF NEW YORK)
COUNTY OF ERIE) ss:
On this 14TH day of OCTOBER, 2026, before me, the undersigned, personally appeared DAVID NEBRAL, personally known to me or proved to me on the basis of satisfactory evidence to be the individual who executed this document.

David P. Okulewicz
Notary Public, State of New York
No. 01OK6301017
Qualified in Erie County
Commission Expires April 14, 2030