the Public Access area of the Erie County Water Authorities website which can be accessed by the General Public.

C-8

NOTICE OF CLAIM FORM

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

Claimant(s) Name	e Kathl	EEN NI. M°GI	NLEY			
Address	S201 BROOK hAVEN DR				Cell Phone #	
Email Address					Home Phone #	
Accident / Dama Location	age / Injury	DAMA6E	To MH	Hondi	a CRV	
Date of Incident			Tim	Time of Incident 8145		(a.m./ p.m.
Police Contacted?		Yes (No	Poli	olice Report Taken?		Yes/No
Name of Police. Agency		VIA				
PROPERTY DAI If this is not your Name		ve the name and ad	dress of the o	wner:		N/A if not applicable
Address			100		Zip Code	
Home Phone #		Work Ph		one #	100	
	_L	PLEA	SE ATTACI	H ESTIMA	TES - Will	SORWARD
Repair Estimates		\$		\$		
ROPERTY DAMA	AGE AND I	PERSONAL INJU	RY WITN	ESSES	•	
lame			N	ame		
ddress		(1-0	A	ddress		
Phone			Р	hone		

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):

But all the state of the	Marin Tables and Table
July 18, 2023 - 8:45 AM	
I was driving South on 1 Syear old Honda CRY hit	ALEXANDER DR. WHEN MY
S year old HONDA CRY bit	A pot hole in the middle
of the street ALEXANDER D	R
This was caused from A "F	ratch inb" After a water
MAIN WREAK MY CAR LINM	ediately couse Noise From
the under side of my car.	7
E called the town of CLAKE	ENCE Highway DEPARTMENT AND
SHOKE WITH RUGON HE SUGARSTE	L t call the water department
Today, July 19. I spoke with	melly musarra who sent
me this form to fill out.	3
I will get an estimate from	2 Lia HONDA. 4891 TRANSH Rd
Williamsville, N.X. 14221.	
I will sommend pictures.	
All statements herein are made under penalty of perjury.	Add Additional Pages if necessary
5 D. 4	Vathlanna Machadan
Date:	Claimant's Signature
CHIAITE OF NIEW MODIF	
STATE OF NEW YORK) COUNTY OF ERIE) ss:	
On this $\frac{19}{4}$ day of $\sqrt{30}$ before me personally a person described in and who executed the within instrument and l	ppeared to me known, and known to me to be the same
same.	() () () () () ()
MOTARY PUBLIC CHAROLINIK	Notary Public
Gualified in Eric County My Completion Expired 1/18) 2026	140tary 1 done
Msk Patientistanis stakes as a s	

GERTIFIED MAIL

M

Mrs Kathleen McGinley 5201 Brookhaven Dr Clarence, NY 14031



7022 1670 0003 1370 3118

BUFFALRetail

RDC 99

U.S. POSTAGE PAID FCM LETTER CLARENCE, NY 14031

R2304H109839-20

EIRE POUNTY WOTER AuthORITY
295 Main Street, ROOM 350
ATTN: CLAIMS Unit
Bussalo, NEW York,
14203

14203-249499

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