

VILLAGE OF
BRIARCLIFF MANOR
www.briarcliffmanor.gov
email to clerk@briarcliffmanor.gov



1111 PLEASANTVILLE ROAD
BRIARCLIFF MANOR, N.Y. 10510
TELEPHONE: (914) 941-4800
FAX: (914) 941-4837

NOTICE OF CLAIM

Notice of Claim must be served on the Village Clerk or the Village Attorney in person or by Registered or Certified Mail within 90 days after the claim arises.

Claimant's Name: _____

Claimant's Address: _____

Claimant's Telephone: _____

Claimant's Attorney and Address: _____

Date and Time Injury/Damage Occurred: _____

Location Injury/Damage Occurred: _____

Description of Occurance: _____

Description of Injury/Damage: _____

STATE OF NEW YORK
COUNTY OF _____)ss.:

_____, being duly sworn, deposes and says that he/she is the claimant named above; that he/she has read the foregoing Notice of Claim and knows the contents thereof; that the same is true to the knowledge of the deponent, except as to the matters stated therein to be alleged on information and belief and that as to those matters, he/she believes it to be true.

Claimant's Signature: _____
Subscribed and sworn to before me this
____ day of _____, _____

Notary Public

This form is supplied for the convenience of the claimant. The use of this form shall not be deemed a waiver of any defense available to the Village of Briarcliff Manor as to form or otherwise.