

**NOTICE OF CLAIM AGAINST THE CITY OF ITHACA**

**RETURN TO: CITY CLERK'S OFFICE  
108 EAST GREEN STREET  
ITHACA, NEW YORK 14850**

All Notices of Claim must be filed **within 90 days after the claim arises** with the City Clerk or City Attorney in person, or by registered or certified mail. Improperly filed claims may be rejected. Refer to General Municipal Law, Section 50-e for detailed information.

**CLAIM NO.** \_\_\_\_\_

**PLEASE TAKE NOTICE** that the undersigned claimant hereby makes a claim against the City of Ithaca, New York as follows:

CLAIMANT'S NAME: \_\_\_\_\_

CLAIMANT'S DATE OF BIRTH: \_\_\_\_\_

CLAIMANT'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER WHERE CLAIMANT CAN BE REACHED: \_\_\_\_\_

CLAIMANT'S ATTORNEY (if any): \_\_\_\_\_

ATTORNEY'S ADDRESS: \_\_\_\_\_

This claim is against the City of Ithaca, New York for injuries sustained by the Claimant by reason of the alleged negligence and misconduct of said City, its officers, agents, servants and employees as hereafter set forth:

The time when the claim arose was (specify day, date, and time):

Day: \_\_\_\_\_ Date: \_\_\_\_\_, \_\_\_\_\_ 20\_\_\_\_

At/or about \_\_\_\_\_ O'clock am/pm.

The location where the claim arose was (describe in detail):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The items of alleged injury and/or damage to claimant are as follows (describe in detail with particulars):

The alleged negligence on the part of the City of Ithaca is as follows (describe in detail the acts or omissions by the City that caused your loss/damage):

Identify, if possible, the City employees, if any, who witnessed or were involved in your loss:

The claimant hereby claims damages in the amount of \$ \_\_\_\_\_

**STATE OF NEW YORK                      ss:**  
**COUNTY OF TOMPKINS**

\_\_\_\_\_, 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 before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**To check on the status of this claim, please call Traveler's Insurance to whom the City of Ithaca's Insurance Carrier the Ithaca Agency forwards claims to at 1-800-289-1501, ext 2532.**