Two copies of claim must be served on the County Attorney of Nassau County, either personally or by registered or certified mail.

## In the Matter of the Claim of

-against-

## COUNTY OF NASSAU, NEW YORK

|                                | OTICE that I,Name of Claimant                                     |                        |                |  |
|--------------------------------|---|------------------------|----------------|--|
|                                |   |                        |                |  |
| of                             |   |                        |                |  |
| Street and Number              | City or Village   | Townsh                 | ip             |  |
| County                         | State   | Phone                  | Phone          |  |
| pursuant to the statues in suc | h cases made and provide  | d, do hereby make cla  | im against the |  |
| County of Nassau for the sur   | n of  |                        |                |  |
| Dollars (\$                    | ollars (\$ ) and in support of such claims do state the following |                        | the following  |  |
| 1. The damages for v           | which I make clam, as here  | inafter more particula | rly described, |  |
| were sustained at or about     | o'clock am  | pm on the              | day            |  |
| of , 20                        | , at  |                        |                |  |
| Street                         | City or Village   |                        |                |  |
| Township                       | County  | State                  |                |  |

2. The damage was sustained in the following manner, to wit:

State briefly, and exactly, the facts.

Claim must Be served within 90 days of damage.

| State briefly, the cause of the damage.  | 3. The damages sustained by the undersigned were caused by  |
|--|---|
|  | 4. That the damages sustained by the undersigned are as follows:  |
|  | 4. That the damages sustained by the undersigned are as follows.  |
| Property damage itemize; Personal injuries, state nature and extent; state amount claimed for each item and total. |   |
|  |   |
|  |   |
|  |   |
|  | WHEREOF, the undersigned respectfully requests that this claim be allowed and paid by the said County of Nassau.  |
|  | Dated:  |
|  |   |
|  | Claimant  |
|  | STATE OF NEW YORK)  |
|  | )ss.:<br>COUNTY OF NASSAU )   |
| Claim must be  |   |
| verified by the<br>claimant before a<br>Notary Public.   | , being duly sworn, deposes and says: That (s)he is the claimant herein; that (s)he has read the foregoing Notice of Claim and knows the contents thereof; that the same is true to the knowledge of deponent, except as to the matters therein stated to be alleged on information and belief, and that as to those matters (s)he believes to be true. |
|  | Sworn to before me this   |
|  | Claimant  |
|  |   |
|  | Notary Public, Nassau County, NY No.  |