

**Erie County Department of Law
Property Damage Claim Form**

Claims must be **submitted within ninety (90) days** of the incident/accident causing damage to your property. **Please print legibly in ink.** Give as much detail as possible. Add additional pages as needed.

1. Owner Information (the claimant must be the owner or their authorized agent/employee)

Name: _____ Phone: _____

Mailing Address: _____

Email: _____ Alt Phone: _____

2. Incident Information

Location: _____
 # street town, city, village zip code

Nearest Cross Street: _____ Date: _____ Time: _____ am/pm

Detailed description of what happened: _____

Add additional pages as necessary

Name, address, and phone of any witnesses, if known. List any police agency notified: _____

Add additional pages as necessary

3. Damage Information (Attach documentation and photos as available)

This claim form MUST be accompanied by one of the following:

- **Two estimates prepared by established businesses, or**
- **One itemized paid invoice showing method of payment**

Property/Item damaged: _____ Damage Total \$ _____
Must be filled in

Describe damage: _____

Add additional pages as necessary

4. Insurance Information

Circle one

Is there insurance coverage of any type on the property/vehicle/item damaged?	Yes / No
Have you or will you report this to an insurance company?	Yes / No
Have you or do you expect to receive any insurance payment for this claim?	Yes / No
Has a police report been made on this incident?	Yes / No

If any payment is made or expected through insurance, your claim must be submitted by the insurance company in accordance with their “Right of Subrogation,” including deductible reimbursement.

Insurance Company: _____ Phone: _____

Policy Number: _____ Ins. Type: _____
auto/homeowners/renters, etc.

Name of Insured, if different: _____

If Vehicle, VIN: _____ Year: _____

Model: _____ Make: _____ Color: _____

License Plate Number: _____ Mileage: _____

Driver Name, if not owner: _____

Address: _____ Phone: _____

5. County Vehicle/Employee Information (if applicable)

If a County vehicle or employee was involved, provide whatever identifying information you possess, including name, license plate, description: _____

6. Swearing & Signature

Do not sign until in front of a notary public

I, THE UNDERSIGNED, AM THE OWNER OF THE PROPERTY OR VEHICLE REFERENCED HEREIN OR THEIR AUTHORIZED EMPLOYEE/AGENT. I UNDERSTAND THAT FALSE STATEMENTS MADE IN THIS FORM ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW. ACCORDINGLY, AND WITH NOTICE OF THE FOREGOING, I HEREBY AFFIRM THAT ALL OF THE STATEMENTS CONTAINED IN THIS FORM ARE TRUE, UNDER PENALTY OF PERJURY, THIS _____ DAY OF _____ 20_____.

Signed: _____

State of: _____ Subscribed and Sworn to before me this _____

County of: _____ day of _____ 20_____

By: _____

This form and attachments must be served upon the County of Erie by either (1) personal hand delivery; (2) registered mail; or (3) certified mail at:

**Erie County Department of Law
Attn: Property Damage Department
95 Franklin St, Room 1634
Buffalo, NY 14202**