



**TOWN CLERK, JAMES M. WOOTEN**  
**4 West Second Street**  
**Riverhead, NY 11901**  
**(631) 727-3200 Ext. 260**

## **CLAIM FORM**

Name of Claimant: \_\_\_\_\_

Address of Claimant: \_\_\_\_\_

Phone # \_\_\_\_\_ Date Submitted \_\_\_\_\_

Name and Address of Attorney \_\_\_\_\_

Method Received: ex: Personal Delivery: \_\_\_\_\_ Reg. Mail: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

Place of Incident: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

Amount of Damages Claimed: \$ \_\_\_\_\_

**CLAIMS MUST BE SENT BY REGISTERED MAIL OR DELIVERED PERSONALLY.**  
**CLAIM MUST BE SERVED WITHIN 90 DAYS OF INCIDENT.**

NOTE: General Municipal Law Sec. 50-1(C): "The action or special proceeding shall be commenced within one year and ninety days after the happening of the event upon which the claim is based; except that wrongful death actions shall be commenced within two (2) years after the happening the death"

Town of Riverhead)  
County of Suffolk) s.s.  
State of New York)

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

Signature: \_\_\_\_\_ Social Security # \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day  
Of \_\_\_\_\_,

\_\_\_\_\_  
(Notary Public, Suffolk County, State of New York)