



CITY OF ALBANY
DEPARTMENT OF LAW
CITY HALL
ALBANY, NEW YORK 12207
TELEPHONE (518) 434-5050
FAX (518) 434-5070

KATHY M. SHEEHAN
MAYOR

JOHN J. REILLY
CORPORATION COUNSEL

TO WHOM IT MAY CONCERN:

Enclosed please find a Notice of Claim form to be used to submit a claim against the City of Albany. The Notice of Claim must comply with New York General Municipal Law § 50-e and must be served in the manner described below within ninety (90) days of the date of the incident. Please complete the Notice of Claim form with a brief description as to what happened. Please include as much of the recommended information outlined below as is relevant to your claim.

- - The full name and mailing address of the claimant as well as home and work telephone numbers;
- - The date and approximate time of the incident leading of the claim;
- - If the claim involves a vehicle, please make sure that you have included the make, model and license plate number of the vehicle as well as whether or not the vehicle is owned by the person asserting the claim;
- - For wrongful tow claims, the bill or receipt from the towing company should be included.
- - Proof of damages is not necessary in a Notice of Claim for personal injury. Just describe the injury or injuries sustained.
- - Every Notice of Claim should provide the precise location where the incident giving rise to the claim occurred.

The more complete your Notice of Claim is, the easier it will be to process.

Upon completion of the Notice of Claim, the document must be notarized on the back. This must be done before submission to this office. Notice of Claims that are not notarized, will not be accepted.

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You may serve your Notice of Claim by registered or certified mail, return receipt requested, upon John J. Reilly, Corporation Counsel, at the address listed above, or the Notice of Claim may be hand delivered to one of my Assistants in this office weekdays from 9:00 a.m. to 5:00 p.m.

Depending on the nature of your claim, our investigation may take up to 8 weeks. This office will contact you at the end of our investigation. At that time, a representative will alert you if the claim will be presented to the Board of Estimate and Apportionment for payment or must be denied. If the claim is denied you retain your legal right to bring suit against the City. I hope this information is helpful. If you have any further questions please contact our office.

Very truly yours,

**JOHN J. REILLY
Corporation Counsel**

JJR/ah

Enclosures

IN THE MATTER OF THE CLAIM OF:)
)
)
)
 vs.)
)
)
 THE CITY OF ALBANY.)

**NOTICE OF CLAIM AND NOTICE
OF INTENTION TO
COMMENCE AN ACTION
THEREON**

TO: THE COMMON COUNCIL *of the City of Albany, N.Y.*
KATHY M. SHEEHAN, *the Mayor of the City of Albany, N.Y.*
JOHN J. REILLY, *Corporation Counsel of the City of Albany, N.Y.*

SIRS:

PLEASE TAKE NOTICE, that I
(Please print)
the undersigned, residing at
home telephone number **and work telephone number**
..... **make claim against the City of Albany, N.Y. pursuant to law in**
such cases made and provided for injuries and damages sustained by me as follows:

YOU WILL PLEASE TAKE FURTHER NOTICE, that in the default of the aforesaid of City of Albany paying me damages within the time limit for compliance with this demand in such case made and provided and I shall commence an action against the City of Albany on said claim.

Respectfully yours,

.....
Claimant

Dated:.....

**STATE OF NEW YORK)
COUNTY OF)ss.:
CITY OF)**

.....being duly sworn, deposes and says that he/she is the claimant herein; that he/she has read the foregoing 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 as to those matters he/she believes it to be true.

.....
Claimant

**Sworn to before me thisday
of, 20.....**

.....
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