



Town of Henrietta

475 Calkins Road
Henrietta, New York 14467
(585) 334-7700 (585) 334-9667, Fax

CLAIM FORM

Please type or print legibly, using black ink. Answer all questions in as much detail as possible. Attach additional sheets, if necessary, along with any supporting documentation.

1.) Owner of Damaged Property:

Name: _____

Address: _____

Phone: () _____ () _____
Home Business

2.) Have you received, or expect to receive, any payment(s) from your insurance carrier for this claim: **Yes () No ()** If yes, your claim **MUST** be submitted by the insurance company in accordance with their "Right of Subrogation".

3.) Description of Damage: *(attach copies of any supporting documentation)*

a.) If a vehicle was involved, please give year, make and plate number, name of operator (if other than owner) and list the name(s), address(es) and phone number(s) of any passenger(s):

b.) Was a Town vehicle involved: **Yes () No ()** If yes, list name of operator, plate number or some other identification:

4.) Date and Approximate Time of Accident: _____

5.) Location of Accident:

Address: _____

Nearest Intersection: _____

Landmark (i.e. store, building): _____