

# Notice against the Town of Fallsburg

**SUBMIT TO:** Town of Fallsburg Town Clerk  
PO Box 2019, 19 Railroad Plaza(845) 434-8810  
South Fallsburg, NY 12779

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**Name, address & phone number of claimant:**

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**PLEASE DESCRIBE IN DEPTH:**

- 1.) Date of occurrence
- 2.) Exact location of incident
- 3.) Details & witnesses (if any)

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**TOTAL REPLACEMENT COST: \$** \_\_\_\_\_

**ESTIMATE OF DAMAGES / REPAIR MUST BE ATTACHED**

Signature & date of claimant: \_\_\_\_\_

Signature & date of Town Clerk: \_\_\_\_\_

**\*\* This will be sent to the Town's Insurance Agent. You will be notified with regard to your claim directly from them. Thank you. \*\***