

NOTICE OF CLAIM

CLAIMANT INFORMATION

CLAIMANT'S NAME: _____ TEL. #: () _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOC. SEC. # or TAX I.D. #: _____

CLAIM INFORMATION

CITY AGENCY INVOLVED: _____

NATURE OF CLAIM: (ATTACH ADDITIONAL SHEET(S) OF PAPER, IF NECESSARY)

TOTAL AMOUNT CLAIMED: \$ _____

IF MORE THAN ONE ITEM IS INCLUDED IN THE TOTAL AMOUNT CLAIMED, SUPPLY BREAKDOWN OF AMOUNTS AND SPECIFY ITEMS: (ATTACH ADDITIONAL SHEET(S), IF NEEDED)

<u>ITEM</u>	<u>AMOUNT</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

PLEASE ATTACH COPIES OF SUPPORTING DOCUMENTATION, PREVIOUS CORRESPONDENCE, INVOICES, ETC.

CLAIMANT'S SIGNATURE: _____

SS: STATE OF N.Y.
CITY OF N.Y. SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF
_____, 20____

NOTARY

TO: OFFICE OF THE COMPTROLLER
DIVISION OF LAW - RM.1225 South
1 CENTRE STREET
NEW YORK, N.Y. 10007
TELEPHONE # (212) 669-4736