

OFFICE OF THE COMPTROLLER - CITY OF NEW YORK
NOTICE OF CLAIM - SIDEWALK ASSESSMENT

CLAIMANT INFORMATION:

CLAIMANT'S NAME_____ TEL.#:(_____)
MAILING ADDRESS:_____ Soc. Sec #:
CITY:_____ STATE:_____ ZIP:
NAME OF PROPERTY OWNER:
THE CLAIMANT IS (check): OWNER_____ LEASEE_____ AGENT
OTHER (explain)

CLAIM INFORMATION:

CITY AGENCY INVOLVED:_____CONTRACT #:
LOCATION OF SIDEWALK RECONSTRUCTION (if different than claimant's address):
STREET_____ ADDRESS:
BLOCK:_____ LOT:_____ BOROUGH:
ENCLOSED (if available) (check):
COPY OF VIOLATION:_____COPY OF SURVEY:_____COPY OF CITY COLLECTOR'S BILL
PHOTOGRAPHS:_____ OTHER:
HAS SIDEWALK ASSESSMENT BEEN PAID? YES___ NO___ (IF YES,ATTACH PROOF OF PAYMENT)
AMOUNT CLAIMED: \$

EXPLAIN WHY YOU ARE CONTESTING PAYING THE COST OF THE SIDEWALK RECONSTRUCTION:

(ATTACH ADDITIONAL SHEETS (S) OF PAPER, IF NECESSARY)

CLAIMANT'S _____ NAME _____ (print)
CLAIMANT'S _____ Signature:

STATE OF _____ COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20 _____

NOTARY

To: Office of the Comptroller
Claim Support Division - Rm. 1225
1 Centre Street
New York, N.Y. 10007

Questions Call:
(212) 669-4736