



New York City Comptroller  
Mark Levine

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007  
Form Version: NYC-COMPT-BLA-CC-A2

# Contract Claim Form

NYC Administrative Code § 7-201 requires a notice of claim to be submitted to the Comptroller's Office prior to the commencement of any action or proceeding against the City of New York. Contractors should refer to any contractual provisions and/or statutory requirements that apply to their claims, including the time to commence a lawsuit.

This claim form is for claims related to contracts with the City of New York that are **not subject to the dispute resolution process** set forth in New York City Procurement Policy Board Rule § 4-09 and New York City Standard Contracts. Please use the **Contract Dispute Claim form** for claims subject to the dispute resolution process.

## Claimant Information

\*Contractor:  
(or Claimant Last Name)

First Name:

Contact:

\*Address:

Address 2:

\*City:

\*State:

\*Zip Code:

Tax ID:

\*Phone:

\*Email Address:

\*Confirm Email:

**Attorney is filing** (enter attorney info below if checked)

## Attorney Information

+Firm:  
(or Attorney Last Name)

First Name:

+Address:

Address 2:

+City:

+State:

+Zip Code:

Tax Id:

+Phone:

+Email Address:

+Confirm Email:

## Project / Contract Information

\*Project/Contract Title:

\*Comptroller's Registration Number:  
(Master Contract Number)

OR

There is no  
registered contract

\*Contracting Agency:

\*Agency Project Number:

Purchase/Open Market Order #:

\*Contract Start Date:

\*Contract End Date:

\*Is the subject contract for construction or construction related services?

Yes

No

\*Does this claim allege damages resulting from City caused delays to a construction project?

Yes

No

\* Denotes required fields.

+ Denotes field that is required if Attorney is filing.



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\*Please provide a brief statement of the substance of the claim (attach additional pages as necessary):

**Complete this section for construction/construction service related claims ONLY**

Date of notice to proceed:

Contract period (consecutive  
calendar days):

Has substantial completion been achieved?

Yes

No

Date of substantial completion:

Date Substantial Completion letter was  
issued by Agency:

Has final completion been achieved?

Yes

No

Date of final completion:

**Claimed Amount(s)**

\*Please provide a breakdown of amount of money claimed (attach additional pages as necessary):

**\*\*Total Claimed Amount:**

*\*Denotes field that is required.*

*\*\*Total Claimed Amount cannot be entered until after all other required fields are completed.*



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**Please attach all documents that support your claim and alleged damages**

**For Construction or Construction Related Services claims, please include:**

- All extension of time requests and extension of time certificates
- All contractor notices to the Commissioner regarding damages by reason of the act or omission of the City or its agents per Standard City Construction Contract Article 30 or equivalent

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Name

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Position/Title

I certify that all information contained in this notice is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties and civil liabilities.

Claimant hereby agrees to receive all communications from the Comptroller's Office regarding this claim electronically at the email address provided in this notice of claim, or other email addresses provided by claimant in the future.