



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-NC-A

Notice of Claim Form

Please use the Personal Injury, Property Damage, Labor and Employment, Contract Related, Sidewalk Assessment, or No Fault claim forms, as applicable. This claim form is for all other claims against the City of New York.

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. Claimants should refer to any statutory requirements that apply to their claims, including the time to commence a lawsuit.

I am filing: On behalf of myself. Attorney is filing.

On behalf of someone else. If on someone else's behalf, please provide the following information: **Attorney Information (if represented by attorney)**

Last Name:
First Name:
Relationship to the claimant:

+Firm or Last Name:
+Firm or First Name:
+Address:
Address 2:
+City:
+State:
+Zip Code:
Tax Id:
+Phone:
+Email Address:
+Retype Email:

Claimant Information

*Last Name:
*First Name:
*Address:
Address 2:
*City:
*State:
*Zip Code:
*Country:
Date of Birth: *Format: MM/DD/YYYY*
Soc. Sec #:
HICN:
(Medicare #)
Date of Death: *Format: MM/DD/YYYY*
*Phone:
*Email Address:
*Retype Email:

The time and place where the claim arose

Date of incident: *Format: MM/DD/YYYY*
Time of incident: *Format: HH:MM AM/PM*
Incident Location:

Occupation:
City Employee? Yes No NA
Gender: Male Female Other

Address:
Address 2:
City:
State:
Borough:

* Denotes required fields. Either a claimant or attorney email address is required.
+ Denotes field that is required if Attorney is filing.



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Claim Information

City Agency:

*Nature of Claim:

If more than one item is included in the amount claimed, supply breakdown of amounts and specify items.
(Attach additional document(s) if needed)

Item	Amount
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***Amount Claimed:**

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.

**Denotes field that is required. Amount Claimed cannot be entered until all other required fields are completed.*