

City of Albany

Department of Law

Albany City Hall
24 Eagle St, Rm 106
Albany, NY 12207
Phone (518) 434-5050



NOTICE OF CLAIM FORM

- This form is a notice of claim template meant to assist members of the public in asserting a claim against the City of Albany; use of this form is not required to submit a notice of claim to the City of Albany and does not guarantee has been properly submitted.
- A notice of claim against a municipality such as the City of Albany must comply with NY General Municipal Law § 50-e, which is available at <https://www.nysenate.gov/legislation/laws/GMU/50-E>. Acceptance of this form is not a representation that a notice of claim complies with NY General Municipal Law § 50-e. Use of this form does not ensure compliance with NY General Municipal Law § 50-e. Claimants are strongly encouraged to review NY General Municipal Law § 50-e and consult with a private attorney about their claim.
- A notice of claim must be served on the City of Albany by personally delivering it at or sending it by registered or certified mail to 24 Eagle St, Rm 106, Albany, NY 12207.
- Claimants are encouraged to include with this form any documentation that supports their claim and/or their alleged injuries or damages such as photos, invoices, etc. If additional space is needed to describe the claim, please feel free to attach a letter or narrative.
- After the Law Department receives this form, it will investigate and determine whether the City of Albany has legal liability for the damages described in the claim. Any information provided by the claimant that will assist in this investigation is appreciated and may be submitted with this form. Please be advised that the City of Albany cannot accept liability for damage caused by a road, sidewalk, or tree defect unless this investigation reveals that it had notice of the defect before the incident.
- If you have questions about this form, Law Department staff are available at 518-434-5050 to answer them, though please be advised that the Law Department is the attorney for the City of Albany and cannot provide you with legal advice.

CONTACT INFORMATION

CLAIMANT NAME(S): _____

POST-OFFICE ADDRESS: _____

EMAIL: _____ (optional) PHONE: (_____) _____ (optional)

CLAIM INFORMATION

DATE & TIME WHEN THE CLAIM AROSE: _____

PLACE WHERE THE CLAIM AROSE: _____

THE MANNER IN WHICH THE CLAIM AROSE (PLEASE DESCRIBE WHAT HAPPENED): _____

CONTINUED ON BACK

CLAIM INFORMATION (CONTINUED)

THE MANNER IN WHICH THE CLAIM AROSE (CONTINUED): _____

DAMAGES INFORMATION

DESCRIBE THE DAMAGES OR INJURIES SUSTAINED BY THE CLAIMANT: _____

ADDITIONAL MATERIALS (IF APPLICABLE)

DESCRIBE ANY MATERIALS SUBMITTED WITH THIS FORM: _____

YOU WILL PLEASE TAKE NOTICE, that in the default of the City of Albany paying the claimant damages within the time limit for compliance with this demand I shall commence an action against the City of Albany on this claim.

Date: _____, 20____

Claimant's Signature

AFFIRMATION

.....being duly sworn, deposes and says that they are the claimant herein or are empowered to swear to this document on behalf of the claimant; that they have read the foregoing claim and any materials submitted herewith and knows the contents thereof; that the same is true to the knowledge of the claimant, except as to the matters therein stated to be alleged on information and belief, and as to those matters they believe it to be true.

Date: _____, 20____

Claimant's Signature

Sworn to before me this _____ day

of _____, 20____

NOTARY SEAL:

NOTARY PUBLIC