

The undersigned claimant(s) therefore present this claim for adjustment and payment. You are hereby notified that unless it is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence an action on this claim.

Dated:

Claimant

Attorney for Claimant
Office and Post Office Address, Telephone

INDIVIDUAL VERIFICATION

State of New York, County of _____ ss:

being duly sworn, deposes and says that deponent is _____ the claimant in the within action; that he has read the foregoing Notice of Claim and knows the contents thereof; that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters deponent believes it to be true.

Sworn to before me, this

day of _____, 20 _____
Notary Public

CORPORATE VERIFICATION

State of New York, County of _____ ss:

being duly sworn, deposes and says that deponent is the _____ of _____ corporate claimant named in the within action; that deponent has read the foregoing Notice of Claim and knows the contents thereof, and that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters deponent believes it to be true.

This verification is made by deponent because said claimant is a corporation, and deponent an officer thereof, to wit its _____. The grounds of deponent belief as to all matters not stated upon deponent's knowledge are as follows:

Sworn to before me, this

day of _____, 20 _____
Notary Public