the Public Access area of the Erie County Water Authorities website which can be accessed by the General Public.

## C-2 NOTICE OF CLAIM FORM

ERIE COUNTY WATER AUTHORITY 295 Main Street – Room 350 Buffalo, New York 14203-2494 (716) 849-8465

Claimant(s) Nam	1) OPE	RT HA	RTL						
Address	401 LA	KE BREE	ZE	RD.	Cell Phon	e#			
Email Address					Home Pho	one#	SAME		
Accident / Damage / Injury Location			ß	reeze	_ RD	ANGOLA, NY			
Date of Incident	1 1		Tir	Time of Incident /1:00		a.m)/ p.m.			
Police Contacted?		Yes No		Police Report Taken?		Yes /No			
Name of Police Agency									
PROPERTY DAMAGE CLAIMS ONLY If this is not your property, give the name and address of the owner:  N/A if not applicable									
Name LYNNMARIE SULLIVAN									
Address 401	LAKE	BREEZE	RD I	ANGOLA	Zip Code	140	06		
Home Phone #				Work Phor	Phone #				
PLEASE ATTACH ESTIMATES									
Repair Es	Repair Estimates \$ 2.554.82				\$				
PROPERTY DAMAGE AND PERSONAL INJURY WITNESSES									
Name				Name					
Address				Address					

Attach copies of Medical bills once submitted to health insurance or automobile insurance.

ONLY PROVIDE COPIES OF THE MEDICAL BILLS. DO NOT PROVIDE MEDICAL RECORDS WITH THIS CLAIM FORM.



Claimant's Statement (please print legibly and be specific):

BASEMENT WATER METER AT 401 LAKE BREEZE WAS REPLACED BY ECWA ON THE EVENING OF DECEMBER ZMD 2024 APPROXIMATLY 6:30 PM. THE NEXT DAY DECEMBER 3RD WENT DOWNSTAIRS AT APPROXIMATLY 11:00 AM TO FIND THE BASEMENT FLOODED, WATER HAD FLOWED UNDER THE DIVIDING WALL AND SATURATED THE CARPET ABAND PADDING ON THE "FINISHED" SIDE OF THE AFTER CALLING ECWA THEY SENT OUT DETERMINED THAT A GASKET WAS NOT PROPERLY INSTALLED BETWEEN THE NEW METER AND SUPPLY DIPE, CAUSING A WATER LEAK. THE WORKER QUICKLY RESOLVED THE ISSUE AND DOCUMENTED DAMAGE ALSO TAKING PICTURES WITH HIS PHONE, HE THAT THIS WAS THEIR FAULT. HE SAID THE WORKER DID THE REPLACEMENT WAS HORMALLY A GOOD BUT DEFINATELY MADE A MISTAKE HE SAID HE YOULD SUPRRILISON EVERYTHING AND TURN IT INTO TO REMOVE UPON OURSELVES DRY BASEMENT AND EVERYTHING PADDWG WERE TOTALLY SPONGE DETERMINED APTER CONFIRMS WITH THE

All statements herein are made under penalty of perjury.

My Commission Expires 1/17/2020

Add Additional Pages if necessary

Date: February 14th, 2025.

STATE OF NEW YORK

Claimant's Signature

TIMET OF STREET	1	001	
COUNTY OF ERIE	1 )	$-\theta M$	
with	February	2025	the undersigned, personally appeared, Robert Hart
	remagna	, <del>202</del> 4 before me,	the undersigned, personally appeared, KODEN 119/51
-	me or proven	to like our time intidate	or outside to be the maintain whose maine as
subscribed to the wi	thin instrument	and acknowledged	I to me that he/she executed the same in his/her capacity, and that
by his/her signature	on the instrum	ent, the individual,	•r the person upon behalf of which the individual acted, executed
the instrument.	ELIZABETH C	McDORMAN	1/2 . 10 00.110
	", ", "   00/10.	1210 26 11	Clarabah Ma Sommers
	~ D	Prio Columb	Notary Public
	Reg. No. 01	MC6140106	Notary Public
Λ.	V Comminate	- 4 10 100	

CLAIMS DRPARTMENT AND THE CARPET STORE IT WAS AGREE UPON THAT THE BEST COURSE OF ACTION WAS TOTAL REMOVAL AND REINSTALLATION OF THE DAMAGED CARPET.

## Carpets Plus



carpetsplushamourgny:com

5225 Southwestern Blvd. Hamburg, NY 14075 Hardwood ~ Laminate ~ Carpet ~ Vinyl ~ Ceramic Invoice Date Proposal Submitted To Measure, Date Street City, State, and Zip Code Install date may change due to: · Iliness hone: Work roposal Made By · Shipment Delays (716) · Mechanical Failure MATERIAL CHARGE ROOM LOC COM PATTERN COLOR PRICE/FT. AMOUNT MFR. SIZE 8Q. FT Masemur Staire OTHER S SEI E EMDI OVER MATERIAL **CONTRACTED LABOR CHARGE** CHARGE **CUSTOMER WILL HAVE** CARPET LABOR SUB-TOTAL ☐ All Furniture Removed RIP-UP **SALES TAX** ☐ Old Carpet & Pad Removed FURNITURE TOTAL MAT. CHARGE Hal □ 3/4' Round Molding Removed AUG VINET LABOR DEPOSIT 1259 ☐ DO NOT Remove old tack strips C.O.D. BALANCE MATERIAL SUBFLOOR ☐ Room Heated Above 65° OTHER OTHER C.O.D. BALANCE LABOR C.O.D. BALANCE YOUR SUGGESTED TOTAL CHARGES SAVINGS RETAIL ACCEPTANCE: I have reviewed this invoice, and authorize the work to CERTIFICATION: The work on this invoice has been completed to my

satisfaction.

Customer

commence.

Customer