

Please be advised that any information provided on, and with, this Notice of Claim will be published in the Public Access area of the Erie County Water Authorities website which can be accessed by the General Public.

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**NOTICE OF CLAIM FORM**

ERIE COUNTY WATER AUTHORITY  
 295 MAIN STREET – ROOM 350  
 BUFFALO, NEW YORK 14203-2494  
 (716) 849-8465

Claimant(s) Name	DOLORES + FRANK		TOBIN
Address	4625 SAWMILL ROAD CLARENCE NY 14031	Cell Phone #	
Email Address		Home Phone #	

Accident / Damage / Injury Location	4625 SAWMILL ROAD CLARENCE NY 14031		
Date of Incident		Time of Incident	a.m. / p.m.
Police Contacted?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Police Report Taken?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Name of Police Agency			

**PROPERTY DAMAGE CLAIMS ONLY**

N/A if not applicable

If this is not your property, give the name and address of the owner:

Name			
Address		Zip Code	
Home Phone #		Work Phone #	

PLEASE ATTACH ESTIMATES

Repair Estimates	\$ 771.27	\$	
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**PROPERTY DAMAGE AND PERSONAL INJURY WITNESSES**

Name		Name	
Address		Address	
Phone		Phone	

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):

WATER LEAK/DAMAGE WAS DISCOVERED IN THE BEGINNING OF JUNE FROM THE WATER METER LEAKING IN THE BASEMENT. REPAIR WAS COMPLETED IN JULY BY A PRIVATE COMPANY SERVICE MASTER

I WILL BE SENDING YOU PHOTOS VIA TEXT SINCE I CAN'T DOWNLOAD THEM. THANK YOU

All statements herein are made under penalty of perjury.

Add Additional Pages if necessary

Date: 9/26/24

Dolores A. Tobin  
Claimant's Signature

STATE OF NEW YORK )  
COUNTY OF ERIE ) ss:

On this 26<sup>th</sup> day of September, 2024 before me, the undersigned, personally appeared, Dolores Tobin personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

SANDRA L. MARIACHER  
Notary Public, State of New York  
Qualified in Erie County  
Reg. No. 01MA5058489  
My Commission Expires 4/8/2026

Sandra Mariacher  
Notary Public

In Witness Whereof, the parties have hereunto set their hands and seals the day and year first above written.

In Presence of

1986 FEB 28 AM 10: 21

FILED  
ERIE COUNTY  
CLERK'S OFFICE

*Francis S. Tobin* [L.S.]  
Francis S. Tobin  
*Dolores A. Tobin* [L.S.]  
Dolores A. Tobin  
*Andrew J. Borcik* [L.S.]  
Andrew J. Borcik  
*Kathleen R. Borcik* [L.S.]  
Kathleen R. Borcik

STATE OF NEW YORK, COUNTY OF \_\_\_\_\_ ss.:  
On \_\_\_\_\_ 19 \_\_\_\_\_, before me personally came \_\_\_\_\_ to me known, who, being by me duly sworn, did depose and say that deponent resides at No. \_\_\_\_\_

deponent is \_\_\_\_\_ of \_\_\_\_\_

the corporation described in and which executed, the foregoing instrument; deponent knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation; deponent signed deponent's name thereto by like order.

STATE OF NEW YORK, COUNTY OF \_\_\_\_\_ ss.:  
On \_\_\_\_\_ 19 \_\_\_\_\_, before me personally came \_\_\_\_\_ to me known, who, being by me duly sworn, did depose and say that deponent resides at No. \_\_\_\_\_

deponent is \_\_\_\_\_ of \_\_\_\_\_

the corporation described in and which executed, the foregoing instrument; deponent knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation; deponent signed deponent's name thereto by like order.

STATE OF NEW YORK, COUNTY OF Erie ss.:  
On February 28 1986, before me personally came Francis S. Tobin and Dolores A. Tobin, his wife

to me known to be the individual <sup>S</sup> described in, and who executed the foregoing instrument, and acknowledged that <sup>T</sup> he <sup>Y</sup> executed the same.

*James M. Nesper*  
JAMES M. NESPER Notary Public  
Notary Public, State of New York  
Qualified in Erie County  
Commission Expires March 30, 1987

STATE OF NEW YORK, COUNTY OF Erie ss.:  
On February 28 1986, before me personally came Andrew J. Borcik and Kathleen R. Borcik, his wife

to me known to be the individual <sup>S</sup> described in, and who executed the foregoing instrument, and acknowledged that <sup>T</sup> he <sup>Y</sup> executed the same.

*James E. Rogers*  
Notary Public  
JAMES E. ROGERS  
Notary Public, State of New York  
Qualified in Niagara County  
My Commission Expires March 30, 1986

Deed

17  
Narranty, With Assumption of Mortgage

*Andrew J. Borcik*  
*Kathleen R. Borcik*  
*his wife*  
*Francis S. Tobin*  
*Dolores A. Tobin*  
*his wife*

Dated Feb 28, 1986

STATE OF NEW YORK  
ERIE CO. CLERK'S OFFICE  
Recorded in Liber 9547 of \_\_\_\_\_  
page 57 on the 28  
day of February A. D. 1986  
at O. A. O'zbek P. A.  
and examined.  
GENEVIEVE M. STAROSCIAK, County Clerk  
*Genevieve M. Starosciak*  
COUNTY CLERK



ServiceMaster Recovery by Close  
 P.O. Box 2204  
 Syracuse, NY 13220 US  
 (315) 458-3355  
 payments@smrbyclose.com  
 www.smrbyclose.com

Invoice 16372

<b>BILL TO</b>	<b>SHIP TO</b>
Dolores Tobin	Dolores Tobin
24B-0120-WTR;0752943340	24B-0120-WTR;0752943340
4625 SAWMILL RD	4625 SAWMILL RD
CLARENCE, NY 14031 USA	CLARENCE, NY 14031 USA

DATE  
07/05/2024

PLEASE PAY  
\$771.27

DUE DATE  
08/04/2024

**DESCRIPTION**

**RATE**

**AMOUN**

Erie County Residential Water Damage Cleaning

709.22

709.22

This invoice reflects charges for the services that we completed at your property. If these charges are supposed to be covered by an insurance company please forward invoice to your adjuster. If we have an insurance company on file a copy of the itemized invoice has been sent to the insurance carrier. An itemized invoice is available upon request. If you are receiving this invoice there is still an outstanding balance on your account. Price reflects check or cash, 3% convenience charge will be added on all credit or debit cards.

SUBTOTAL  
TAX  
TOTAL

709.2  
62.0  
771.2

TOTAL DUE

**\$771.27**

THANK YOU

8-12-24 #389 - 500.27  
 271.00  
 8-21-24 #393 271.00  
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