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.

C-4 NOTICE OF CLAIM FORM

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

Claimant(s) N	Name Ko	therine Fitznem	alopton Fitz	of rald			
Address	781 Ber	thenne Fitzgera Inett Rd Ang	010.104 14006	GMCM() Sell Phon e #			
Email Addre		TON MON THIS		Home Phone #			
Accident / D	amage / Inju	ry At our rest	den ce (781	Bennett 1	(d)		
Date of Incident ()2/(2/07/2025	,		a.m. (p.m).		
Police Contacted?		Yes (No)	Police Report Take	11	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 no applicable							
Name Katherine Fitzgeraud/Peter Fitzgeraud Address 181 Bernett Rd zip code 14006							
Home Phon	e#	V 02	Work Phone #				
PLEASE ATTACH ESTIMATES							
Repa	ir Estimates	\$	\$				
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 1 (KOTHERINE FITZAUOUD), arrived home at applo	and be specific):
020012025 to several trucks and worker in	HAL Front Of MU
home it appeared that they were repairing	a water pine and
directing the water into my front york	1. Water had been
collecting and going across thy front to	Iwn drive way and
into the backydra? It was collecting	water quicker to
4 may 2011 to divert it. Moon 1000 wh	of the porchains
water had alleady been flooding	11 14 1.
and being directed the ding into our	home, upon going
Was wident throughout. There was	Significant water
importing the sectional couch converte	i dala
windows and doors, I oslad one	of the workers
the status as this had occurred. T	ine lead member
of the team took a look at my	ward and the
possyment at the outcome of the K	gipe bursting.
the then plouided me we contain	ct into to
Molly 10 Musaria (Claims Rep for Wat	Il took A Home a do how
a voiceman that evening my husbard	-A CAMADAL I I MAGIL
to brain 2000 cass Div house is princip	10 CONTROL WI WORK
2.100 flato tortatively 03/17/2025	13 - 16 100 - 90 101 - mh
All statements herein are made under penalty of perjury.	ld Additional Pages if necessary
Vath an	in a first our of
Date: V	ure Tuzyonala
Catherin	re Fritzanald
STATE OF NEW YORK) ss: COUNTY OF ERIFE) Chawtanqua)	i v v v v v v v v v v v v v v v v v v v
On this	e individual whose name is
subscribed to the within instrument and acknowledged to me that he/she executed the by his/her signature on the instrument, the individual, or the person upon behalf of whether the person upon behalf of white person upon behal	
the instrument. ELIZABETH S. LINK Notary Public, State of New York No. 041 16414128	
Qualified in Chautauqua County Commission Expires Feb. 16, 20 25	