

NOTICE OF TORT CLAIM PURSUANT TO N.J.S.A. 59:8-6 FOR DAMAGES AGAINST THE UNION COUNTY IMPROVEMENT AUTHORITY

FORWARD TO: UNION COUNTY IMPROVEMENT AUTHORITY
Executive Director's Office
10 Elizabethtown Plaza, 5th Floor
Elizabethtown, NJ 07207
PHONE: (908) 527-4025

FORM MUST BE FILED WITHIN 90 DAYS OF THE ACCIDENT OR YOU MAY FORFEIT YOUR RIGHT

1. CLAIMANT:

LAST NAME

FIRST

MIDDLE

ADDRESS

MAILING ADDRESS IF OTHER THAN ADDRESS

Telephone

DATE OF BIRTH

SOCIAL SECURITY NUMBER

2. IF NOTICES AND CORRESPONDENCE IN CONNECTION WITH THIS CLAIM ARE TO BE SENT TO A PERSON OTHER THAN CLAIMANT, COMPLETE ITEM #2.

NAME

MAILING ADDRESS

ADDRESS

TELEPHONE

RELATIONSHIP TO CLAIMANT: ATTORNEY AT LAW OR

EXPLAIN RELATIONSHIP

3. CIRCUMSTANCES REGARDING THE OCCURRENCE OR ACCIDENT :

DATE

TIME

EXACT LOCATION OF THE OCCURRENCE

4. DESCRIBE THE ACCIDENT OR OCCURENCE.

5. STATE THE NAME AND ADDRESS OF ALL WITNESSES TO THE ABOVE ACCIDENT OR OCCURRENCE.

6. STATE THE NAMES AND ADDRESSES OF EACH UNION COUNTY IMPROVEMENT AUTHORITY EMPLOYEE OR AGENT WHOM YOU CLAIM CAUSED YOUR DAMAGES OR INJURIES.

7. STATE THE NAME AND ADDRESS OF ALL OTHER PERSONS, COMPANIES OR GOVERNMENTAL AGENCIES WHICH YOU CLAIM ARE RESPONSIBLE FOR YOUR INJURIES OR DAMAGES.

8. BRIEFLY DESCRIBE THE INJURIES, DAMAGES AND LOSSES INCURRED BY YOU.

9. THE AMOUNT OF THE CLAIM.

GIVE THE BASIS FOR THE CALCULATION OF THE ABOVE DAMAGES:

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY STATEMENT MADE HEREIN IS WILLFULLY FALSE OR FRAUDULENT, THAT I AM SUBJECT TO PUNISHMENT PROVIDED BY LAW.

DATE

CLAIMANT OR PERSON FILING ON BEHALF OF CLAIMANT