

APPLICATION TO FILE SMALL CLAIM

STATE OF NEW YORK
VILLAGE OF ALEXANDRIA BAY

COUNTY OF JEFFERSON
ALEXANDRIA VILLAGE COURT

FILING FEE:

\$ 10.00 .01 TO \$ 1,000.00

\$ 15.00 \$ 1001.00 TO \$ 3,000.00

CLAIMANT: _____

ADDRESS: _____

PHONE NUMBER _____

-AGAINST-

DEFENDANT: _____

ADDRESS: _____

AMOUNT OF CLAIM \$ _____ (DO NOT INCLUDE FILING FEE)

NATURE OF CLAIM: _____

APPROXIMATE DATE CLAIM OCCURRED _____

I HEREBY CERTIFY THE ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

DATE: _____ CLAIMANT _____

CLERK: _____