Town of Cambria

Cambria Justice Court

SMALL CLAIMS APPLICATION

Please complete the information about the person or company that your claim is ***against***:

Full Name: _____

House Number: _____Street Name: _____

Town: _____ Zip Code: _____

Amount of your claim: _____

Nature of claim: (a short explanation of your claim) _____

_____

_____

_____

Date the above happened: _____

If this was an auto accident, please indicate where the accident was: _____

_____

If this is for rent or a security deposit for premises, please state the address of the rental:

_____

Name of Applicant: _____

House Number: _____ Street Name: _____

Town: _____ Zip Code: _____

Phone Number including Area Code: _____

I CERTIFY AND AFFIRM THAT THE ABOVE FACTS ARE CORRECT AND ACCURATE

Dated: _____ Signature of Applicant: _____

For Office Use Only	*Judge:*	*Court Date:*	*Time*

Town of Cambria

Cambria Justice Court

4160 Upper Mountain Road, Sanborn, NY 14132
716-433-3088

SMALL CLAIMS APPLICATION INSTRUCTIONS

You **MUST** complete the entire application

The person you are suing **MUST** have an address in the Town of Cambria

FILING FEE:

$1 - $1,000 is **$10.00** or $1001 - $3000 is **$15.00**

The Court **DOES NOT** accept personal checks

Please refer to the handbook with any questions