

OWNSHIP OF FRANKLIN
COUNTY OF GLOUCESTER

R-18-2013

RESOLUTION ADOPTING A FORM REQUIRED TO BE USED FOR THE FILING
OF NOTICES OF TORT CLAIM AGAINST THE TOWNSHIP OF FRANKLIN IN
ACCORDANCE WITH THE PROVISIONS OF THE NEW JERSEY TORT CLAIMS
ACT, N.J.S.A. 59:8-6

WHEREAS, the New Jersey Tort Claims Act, N.J.S.A. 59:8-6 provides that a public entity may adopt a form to be completed by claimants seeking to file a Notice of Tort Claim against the public entity; and

WHEREAS, the Township of Franklin is a public entity covered by the provisions of the New Jersey Claims Act; and

WHEREAS, the Township of Franklin deems it advisable, necessary and in the public interest to adopt a Notice of Tort Claim form in the form attached hereto and made a part hereof; and

NOW, THEREFORE, BE IT RESOLVED by the Governing Body of the Township of Franklin assembled in public session this 1st day of January 2013, that the attached Notice of Tort Claim form be and hereby is adopted as the official Notice of Tort Claim form for the Township of Franklin; and

BE IT FURTHER RESOLVED that all persons making claims against the Township of Franklin, pursuant to the New Jersey Tort Claims Act, N.J.S.A. 59:801 et seq. be required to complete the form herein adopted as a condition of compliance with the notice requirements of the New Jersey Tort Claims Act.

ADOPTED at a regular meeting of the Township Committee of the Township of Franklin on January 1, 2013.

ATTEST:

TOWNSHIP OF FRANKLIN

Barbara Freijomil, Clerk

Marge Pfrommer, Mayor

CERTIFICATION

I, Barbara Freijomil, Clerk of the Township of Franklin, do hereby certify that the foregoing Resolution was presented and duly adopted by the Township Committee at a meeting of the Franklin Township Committee held on January 1, 2013.

Barbara Freijomil, Clerk

NOTICE OF TORT CLAIM

TO: Municipal Clerk
Township of Franklin
1571 Delsea Drive
Franklinville, New Jersey 08322

TAKE NOTICE that the following claim is hereby presented under the New Jersey
Tort Claims Act pursuant to N.J.S.A. 59:8-4:

1. **Claimant(s):**

Address:

Date of Birth:

Social Security No.:

2. **Notices and correspondence in connection with this case are to be sent to:**

Relationship to Claimant:

3. **Date of occurrence or accident which gave rise to this claim:**

a.

b. **Describe the location or place of the accident or occurrence:**

c. **Describe how the accident or occurrence happened:**

d. **State names and address of all witnesses:**

e. **State the names of all police officers and police departments who investigated the accident:**

4. a. **State the names and addresses of each agency and each employee whom you claim caused your damage or injuries:**

b. **State the name and addresses of all other persons, companies or governmental agencies who you claim are responsible for your injuries or damages:**

5. **Amount of damages:**

6. **State the amount claimed by you:**

I hereby certify that the foregoing statements made by me are true. I am aware that if any statements made herein are willfully false or fraudulent, that I am subject to punishment provided by law.

**Claimant or person filing claim on behalf
of claimant**

Dated: