

TOWNSHIP OF UPPER DEERFIELD

RESOLUTION 16-257

A RESOLUTION OF THE GOVERNING BODY OF THE TOWNSHIP OF UPPER DEERFIELD ADOPTING A FORM REQUIRED TO BE USED FOR THE FILING OF NOTICES OF TORT CLAIM AGAINST THE TOWNSHIP OF UPPER DEERFIELD 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 Upper Deerfield is a public entity covered by the provisions of the New Jersey Claims Act, and

WHEREAS, the Township of Upper Deerfield 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 Upper Deerfield, assembled in public session this 6th day of October, 2016, that the attached Notice of Tort of Claim form be and hereby is adopted as the official Notice of Tort Claim form for the Township of Upper Deerfield, and

BE IT FURTHER RESOLVED, that all persons making claims against the Township of Upper Deerfield, 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 New Jersey Tort Claims Act.

Moved By: Bruce Peterson

Seconded By: Scott Smith

VOTING

James P. Crilley
John L. Daddario
John T. O'Neill, Sr.
Bruce T. Peterson
Scott Smith

<u>In Favor</u>	<u>Against</u>	<u>Abstain</u>	<u>Absent</u>
X			
X			
X			
X			
X			

CERTIFICATION

I hereby certify that the foregoing is a true copy of Resolution adopted by the Township Committee of the Township of Upper Deerfield, in the County of Cumberland, at a meeting thereof held October 6, 2016.

Roy J. Spoltore, Township Clerk

TOWNSHIP OF UPPER DEERFIELD

NOTICE OF TORT CLAIM

CLAIMANT INFORMATION

Name: _____

Telephone _____

Address: _____

Date of Birth: _____

SSN: _____

ATTORNEY INFORMATION (if applicable)

Name: _____

Telephone _____

Address: _____

Fax: _____

File No.: _____

Send Notices to: _____ Claimant

_____ Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Notice of Tort Claim form has been adopted as the official form for the filing of claims against the _____.

The questions are to be answered to the extent of all information available to the Claimant or to his or her attorneys, agents, servants and employees, under oath. The fully completed Claim Form and the documents requested shall be returned to the

**Qual-Lynx
100 Decadon Drive
Egg Harbor Township, New Jersey 08234**