

FILING HOURS: 8:30 - 4:30 PM (M - F)

APPLICATION FOR COMMERCIAL CLAIMS
FEE \$30.00

*****PLEASE PRINT*****

NAME OF CLAIMANT _____

ADDRESS _____

(CITY, STATE)

(ZIP CODE)

TELEPHONE NUMBER _____

COMMERCIAL CLAIMANT _____

(PRINCIPAL OFFICE STREET ADDRESS)

(CITY, STATE)

(ZIP CODE)

NAME OF DEFENDANT _____

ADDRESS OF DEFENDANT _____

(CITY, STATE)

(ZIP CODE)

AMOUNT YOU ARE SUING FOR \$ _____ (DO NOT INCLUDE FILING FEE)

REASON YOU ARE SUING FOR (IN BRIEF) _____

DATE ABOVE HAPPENED _____

IF AUTO ACCIDENT-WHERE _____

.....
CERTIFICATION (UCCA 1803)

I hereby certify that no more than five (5) such actions of proceedings (including the instant action or proceeding) have been initiated during the present calendar month.

Sworn to before me this _____
day of _____, _____

Signature of Claimant

Clerk of the City Court of Lockport

**NOTE: The commercial claims part shall have no jurisdiction over and shall dismiss any case where this certification is not made.

(5/15/12)