

Erie County Water Authority

295 Main Street • Room 350 • Buffalo, NY 14203-2494 716-849-8484 • Fax 716-849-8463

Friday, March 01, 2019

VIA E-MAIL & U.S.P.S.

Mr. Orazio I

East Amherst, New York 14051-1989

Dear Mr. I

Re: ECWA Claim Number: 2019-023 Alleged damage to your property

I have attached the instructions and checklist for your completion for the above captioned matter.

This letter does not confirm liability for this claim. Liability will be determined following a review of the facts and circumstances of the alleged incident.

Very truly yours,

ERIE COUNTY WATER AUTHORITY

Anthony J. Alessi

Claims Representative / Risk Manager

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES.

AJA/kzs Enclosures





PROPERTY DAMAGE CLAIMANT STATEMENT CLAIMS REPRESENTATIVE / RISK MANAGER ERIE COUNTY WATER AUTHORITY 295 MAIN STREET – ROOM 350 BUFFALO, NEW YORK 14203-2494 (716) 849-8484 – TELEPHONE (716) 849-8463 - FAX

Property] 1- Insu	ırance declar	ration page (If at factor or uncovered items	ult, the Erie	County W	Vater Au			
] 2 - Two	written estir	nates						
] 3 - Evid	lence of any	other amounts you	are claiming	i.				
Please Pri	int								
Claimant I	Name	Omzio	I,		S	ocial Se	curity#	,	6428
Address					Z	ip Code		14051	
Home Pho	one#		T, 1 17US1	,	V	Vork Pho	one #	_	
				.,					
Accident /	Damage I	Location	Basement of	Residen	ce				
Date of Inc	cident	2/27	/19	Time of Inc	ident			a.m. p.m	0/1/2
Police Cor	ntacted?	Y	es / No	Police Rep	ort Take	n?		Yes /No)
If NO, why	/?	It w	ins Not life	threats	25				
		If this is	not your proper	rty, give th	e name	and a	ddress o	f the owne	r:
Name									
Address					Zip	Code			
Home Pho	one#			Work	Phone #				
	Repair E	Estimates	\$			\$			
			٧	Vitness(es), if ava	ilable			
Name				Name					
Address				Addres	s	145			
Phone				Phone					

Claimant's Statement (please be specific):

Upon Ariving home e 11pm on 2/27/19 From VACATION WE
realized the basement carpet was soaken weto Water was leaking
From the coupling Before the Meter. I tried to see if I could tish to
it, but was agrain if I broke the chain they would think I tampore
with it, so I put a bucket under it to catch the water instead,
which surpristryly had over Howel by Morning, We have a 70 pmt
dehoridities which we had to enoty every morning prior to
going on vAcation, which seemed alot, so I'm not sure exactly when
the lak began or if it just got worse when we were Away For
10 DAYS ON VACATION, I would have to guest it was leaking for A while
And the dehunidiker was helping keep/publ some water out, because
There is black nold on the back side of the wet drywall and
the wooden strips that hold the carpet down which worries me because
we have 3 yours boys that spend Alot of time in the bremont
playing a I did use Alot of bloods to try Ad Will the rold and
extracted and thesed the carpet/problem w/ enzy-e closer just to
try and stop my nor mold/smello I Also TUN FAUS continuously
on and under parts of the warpet to help day it out. I have
A contractor com, out today 3/3/19 to let me know how to rectify everything,
Your water guy did come out on 2/28/19 and replaced the whole refer and
Told my wife the gasket was bad so there is no more lenking. I didn't realize the FULL scope of the wind dame until 3/2/19 -> (Use reverse side if necessary)
I didn't realize the FULL scope of the wind di-me until 3/2/19 -> (Use reverse side if necessary)
THAT ICHTION

Orazid being duly sworn, deposes and says s/he is the Claimant in this action; that s/he has read the foregoing Notice of Intention to File a Claim and knows the contents thereof; that the same is true to the knowledge of deponent, except as to the matters therein stated to be alleged upon information and belief, and as to those matters s/he believe it to be true.

Claimant's Signature:

Date: 3/27/19

Sworn to before me this 27 day of March 21/9.

that we had on 2/24/19 and the insumue Agent that I went to go see At their office on 3/4/19 called the Mann office to explain every thing and they said they would put the water danage and wind damage on the same claim and separate it on the paperwork, They did not end up perping it separate, which I don't really thousand matter to you, We did Already receive the diposit check Minus the \$1,00000 Deductable and nines the depreciation. They will send the depreciation part, once the jobs are complete. I can be reached at if you need my forther information.

Dyi.

The Adjuster only had the drywall Figured at Isheet (3251) instead of 3+ sheets total (10054) they said to iterize that and the wather, dyer and slop such to be re-oved and reinstalled after dynall is repaired and they will send out a supplemental check to pay the contentor.

Endiate to 18 Endia Carlo

Procedures for Filing a Claim with the Erie County Water Authority

General Information

2019-023 -

Orazio

If you desire to file a claim against the Erie County Water Authority, please consider the following information.

A "Notice of Claim" is a notice to the Erie County Water Authority of your claim against the Erie County Water Authority. The contents of a Notice of Claim are set forth in the New York General Municipal Law § 50-e (2). A Notice of Claim must include: (1) the name and post office address of each claimant, and of his/her attorney, if any; (2) the nature of the claim; (3) the time when, the place where and the manner in which the claim arose; and (4) the items of damage or injuries claimed to have been sustained so far as then practicable.

If you wish to file a claim against the Erie County Water Authority for property damage or personal injury, please follow this procedure:

1. Submit a claim to your own insurance company and provide insurance company claim number. (If damage is less than deductible, there is no need to submit to insurance.) Deductible page is still required with claim.

2. Your claim should include:

- A. Information indicating a filing of a claim with your own insurance company including the amount of claim, name of the insurance company, and adjuster, and the amount that the insurance company paid. Also, provide evidence as to the amount of your deductible by sending a copy of the declarations page of your policy.
- B. A written statement supporting the claim for which you are seeking recovery, including date, location, persons and property involved.
- C. Documentation of your claim:
 - a. Ownership (aka Certificate of Title).
 - b. If medical expenses are being claimed copies of bills once submitted to health insurance or automobile insurance (under the medical portion of the policy) must be submitted explaining what insurance covered and the outstanding balance.
 - c. If property damage is a vehicle- a copy of the declaration page (showing deductible amounts and coverage) from your insurance company. If liability insurance coverage (2) repair estimates must be submitted also.
 - d. Evidence of any other amounts you are claiming (accompanying a receipt).
 - e. Names of persons with whom you have communicated regarding this claim.

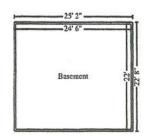
Once information on a claim is received, an investigation is started to determine if the Erie County Water Authority is liable. All of the above information is necessary to start the investigation. Please submit insurance information and your Notice of Claim immediately. A written statement for the total amount of the claim must be provided.

If the Erie County Water Authority is liable, the claim is paid by the Erie County Water Authority or by our insurance company. The Erie County Water Authority cannot write you a check immediately for your damages, as the Erie County Water Authority Board of Commissioners must approve claim payments.

If your claim has been allowed and an amount agreed upon, you will be sent a General Release to sign. You must return that release before your claim can be processed. It may take many weeks after approval of your claim before you receive a check from the Erie County Water Authority or our insurance company

SKETCH3

Main Level



Basement

Height: 8'

744.00 SF Walls 1,283.00 SF Walls & Ceiling 93.00 LF Ceil. Perimeter 539.00 SF Ceiling 539.00 SF Floor 93.00 LF Floor Perimeter

QUANTITY	UNIT PRICE	TAX	RCV	AGE/LIFE CONDITION	DEPREC. DEP %	ACV
11. R&R 1/2" drywall - hung, tape	ed, floated, ready for pain	t				10 to 10 to
32.00 SF	2.36	1.40	76.92		(24.61)	52.31
in the test				Avg.	32.00%	
12. Seal/prime then paint the surfa	ce area (2 coats)					
45.00 SF	0.70	0.59	32.09		(9.63)	22.46
				Avg.	30.00%	
13. Paint the walls - one coat						
744.00 SF	0.49	7.16	371.72		(111.52)	260.20
				Avg.	30.00%	
R&R Carpet pad						
539.00 SF	0.66	22.64	378.38		(151.35)	227.03
				Avg.	40.00%	

Date: 3/19/2019 4:33 PM

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CONTINUED - Basement

QUANTITY	UNIT PRICE	TAX	RCV	AGE/LIFE CONDITION	DEPREC. DEP %	ACV
15. Carpet - High grade						
594.00 SF	4.60	203.22	2,935.62	Avg.	(1,174.25) 40.00%	1,761.37
16. Content Manipulation charge	- per hour					
6.00 HR	39.00	0.00	234.00			234.00
Totals: Basement		235.01	4,028.73		1,471.36	2,557.37
Debris Removal						
0.00 SF Walls		0.00 SF Ceilin	ng	0.00	SF Walls & Ce	iling
0.00 SF Floor		0.00 SF Short	_	0.00	LF Floor Perin	neter
0.00 SF Long W	Vall			0.00	LF Ceil. Perim	eter
QUANTITY	UNIT PRICE	TAX	RCV	AGE/LIFE CONDITION	DEPREC. DEP %	ACV
17. Haul debris - per pickup truck	load - including dun	np fees			[-]	
1.00 EA	124.34	0.00	124.34			124.34
The above line item is to remove a	ny additional debris	left at the risk after	repairs have be	een completed.		
Totals: Debris Removal		0.00	124.34		0.00	124.34
Area Totals: Main Level						
744.00 SF Walls		539.00 SF Ceilin	g	1,283.0	00 SF Walls and	Ceiling
539.00 SF Floor		570.44 Total Are	a	93.0	00 LF Floor Peri	meter
539.00 Floor Area		95.67 Exterior I	Perimeter	93.0	00 LF Ceil. Perin	neter
861.00 Exterior Wa	all Area	of Walls		744.0	00 Interior Wall	Area
Total: Main Level		235.01	4,153.07		1,471.36	2,681.71
Area Totals: SKETCH3						
744.00 SF Walls		539.00 SF Ceilin	g	1,283.0	00 SF Walls and	Ceiling
539.00 SF Floor		570.44 Total Are	•		0 LF Floor Peri	
539.00 Floor Area		95.67 Exterior I	Perimeter	93.0	00 LF Ceil. Perin	neter
861.00 Exterior Wa	all Area	of Walls		744.0	00 Interior Wall	Area
Total: SKETCH3		235.01	4,153.07		1,471.36	2,681.71

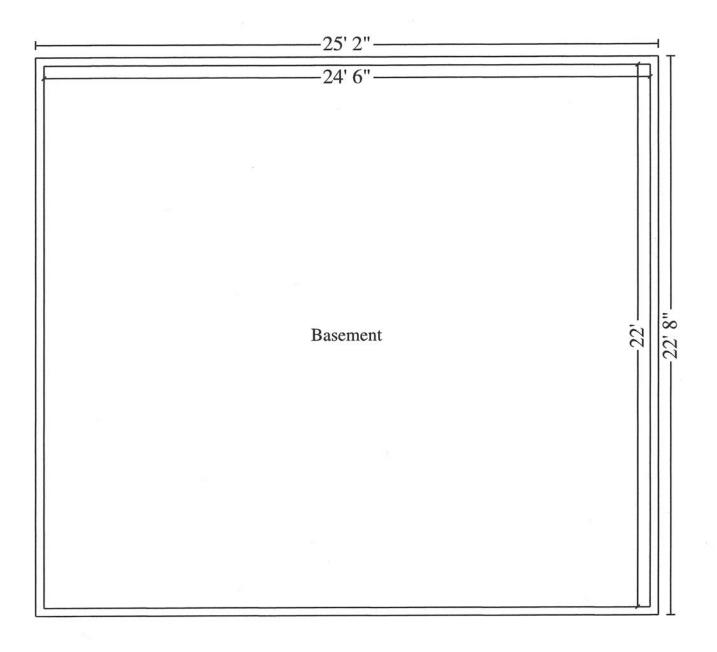
Labor Minimums Applied

Date: 3/19/2019 4:33 PM

State Farm

			Sta	ite rariii				
ORAZIO								-Z9
Q	UANTITY	UNIT PRICE		TAX	RCV	AGE/LIFE CONDITION	DEPREC. DEP %	ACV
* 18. Drywall labor n	ninimum							
00000	1.00 EA	295.21		0.00	295.21			295.21
Totals: Labor Minir	nums Applie	ed		0.00	295.21		0.00	295.21
Line Item Totals:	Z92			492.19	13,972.13		3,951.21	10,020.92
G 155.11								
Grand Total Are	as:							
744.00	SF Walls		539.00	SF Ceiling		1,283.00	SF Walls and	Ceiling
539.00	SF Floor					93.00	LF Floor Perin	meter
						93.00	LF Ceil. Perin	neter
539.00	Floor Area		570.44	Total Area		744.00	Interior Wall	Area
2,032.46	Exterior Wal	l Area	95.67	Exterior Per Walls	rimeter of			
1,759.50	Surface Area		17.60	Number of	Squares	463.50	Total Perimete	er Length
67.46	Total Ridge l	Length						

Date: 3/19/2019 4:33 PM





Main Level



Summary of Loss

Named Insured: Oranzio				Claim Number:			_	-Z92		
Coverage A - Dwe	lling					Limit of Liability:	\$	25	4,300.00	2
Description:		Repl Cost\$:		Rec Dep\$:		Non-Rec Dep\$:		Amt Over Limit\$:		Subtotal\$:
State Farm Estimate	\$	13,972.13	\$	3,951.21	\$	0.00	\$	0.00	\$	10,020.92
Total(s):	\$	13,972.13	\$	3,951.21	\$	0.00	\$	0.00	\$	10,020.92
Comments:										
Coverage B - Pers	onal P	roperty				Limit of Liability:	\$	19	0,725.00	<u>0</u>
Description:		Repl Cost\$:		Rec Dep\$:		Non-Rec Dep\$:		Amt Over Limit\$:		Subtotal\$:
Water Fountain	\$	303.41	\$	50.57	\$	0.00	\$	0.00	\$	252.84
Total(s):	\$	303.41	\$	50.57	\$	0.00	\$	0.00	\$	252.84
Comments:										
								0.00		
Payments Made	Description	ո։						Amoun	t:	
Total(s):							\$	0.00		
Comments / Supplements										40.070.70
Johnnerita / Supplementa									al:\$	- Allenani
								Less Deductib		1,000.00
								Total Payab		9,273.76
						Less	To	otal Payments Mad	_	0.00
								Net Payme	nt:\$	9,273.76
						Legend ——				
						- Port Con		Benjacement Cor		
						11000THANDS.FC		Replacement Cos Recoverable Depre		
								p = Non-Recover		reciation
								mits = Amount Ov		
						Limit of L	iab	= Limit of Liability	,	
						50,000,000				
obert		3/19	/2019							
gnature		_	ate	•						

^{*} Your policy may provide for additional payments on a replacement cost basis for the Recoverable Depreciation listed above for Cov. A and Cov. B. for your Building and Personal Property. Please refer to your policy and any endorsements for specific time limits and additional settlement provisions. Please contact your claim handler if you have any questions.

Natoli's Home In provement 82 Commonwealth Avenue Buffalo, NE 14216 PROPOSAL SUBMITTED TO: TED 480+319 WORK TO BE PERFORMED AT NAME Orazto I ADDRESS East Awherst, NY 14051 PHONE NO. ARCHITECT
We hereby propose to turnish the materials and perform the labor necessary for the completion of Remove—and store furniture & equipment Remove 2ft drywall from basement wall (approx. 50 linear ft) Remove existing carpet & pad Spray Mold Statt to area damaged by water Install moisture water proof drywall to the same Finish primer & Paint Install new pad & carpet (approx. 77 yrds) **Removal of debris Labor & material included
material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for above work and appleted in a substantial workmanlike manner for the sum of
Alteration or deviation from above specifications involving extra costs e executed only upon written order, and will become an extra charge and above the estimate. All agreements contingent upon strikes, ants, or delays beyond our control. Per Note — this proposal may be withdrawn by us if not accepted within
ACCEPTANCE OF PROPOSAL re prices, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be nabove.
SignatureSignature

Clarence Wall & Ceiling, Inc.

9393 Main Street, PO Box 176, Clarence NY 14031 Ph: 716-759-2944 Fax: 716-759-2888

TO:

ORAZIO

RE:

DATE: 3/15/19

THIS BID IS BASED ON WALKTHROUGH WITH OWNER AND THE FOLLOWING QUALIFICATIONS:

SUPPLY LABOR AND MATERIALS FOR THE FOLLOWING SCOPE BASED ON THE WATER DAMAGE IN BASEMENT

- RELOCATE OWNER'S CONTENTS WHILE WORK IS BEING COMPLETED
- REMOVE AND REPLACE 78 YARDS OF WATER DAMAGED BURBOUR CARPETING AND PAD WITH NEW BOURBOUR CARPETING AND PAD
- CUT 2'HT WATER DAMAGED DRYWALL AT PERIMETER WALLS AND DISPOSE OFFSITE...50'LN
- INSTALL NEW ½" DRYWALL WHERE DAMAGED DRYWALL WAS REMOVED, TAPE AND FINISH READY TO RECEIVE PAINT
- SPOT PRIME AT DRYWALL PATCHING
- INSTALL 2 COATS OF FINISH PAINT FROM FLOOR TO CEILING AT LAUNDRY WALL, BATHROOM ENTRY WALL, AND WINDOW WALL

SUB TOTAL.....\$6,810.00

NYS SALES TAX......\$595.88

TOTAL PRICE......\$7,405.88

MODIFIERS QUOTE VALID FOR 30 DAYS. NO PROVISIONS FOR ACCELERATED SCHEDULE INCLUDED.

EXCLUSIONS:

PERMITS

MOLD ABATEMENT OR REPLACEMENT OF ROTTED FRAMING OR ITEMS CONCEALED THAT MAY HAVE BEEN EFFECTED BY WATER DAMAGE

ANY WORK WITHIN THE BATHROOM

ANY WORK NOT SPECIFICALLY MENTIONED ABOVE

ANY QUESTIONS FEEL FREE TO CALL

AL NEMMER JR

State Farm

ORAZIO				-Z9
Insured:	ORAZIO	Estimate:	Z92	
Property:		Claim Number:	Z92	
	East Amherst, NY 14051-1989	Policy Number:		
Home:		Price List:	NYBU28_FEB19	
Cellular:			Restoration/Service/Remod	lel
Type of Loss:	Wind Damage			
Deductible:	\$1,000.00			
Date of Loss:	2/24/2019			
Date Inspected:	3/19/2019			
	Summary for Coverage A - Build	ding - 35 Windstorm an	nd Hail	
Line Item Total			13,479.9	4
Mat Tax (Cap I	mpr)		492.1	9
Replacement C	ost Value		13,972.1	3
Less Depreciati	on (Including Taxes)		(3,951.2	1)
Less Deductible	e		(1,000.0	0)
Net Actual Cas	h Value Payment		\$9,020.9	2
	Maximum Additional Amou	nts Available If Incurre	ed:	
Total Line Item	Depreciation (Including Taxes)	3,951.21		
Replacement C	ost Benefits		3,951.21	
	A 1122 1 1 4 2 1 1 TCT 1	The state of the s	3,951.2	1
Total Maximum	n Additional Amount Available If Incurred		3,731.2	1

Wilson, Robert

866-787-8676 x 1411

ALL AMOUNTS PAYABLE ARE SUBJECT TO THE TERMS, CONDITIONS AND LIMITS OF YOUR POLICY.

Date: 3/19/2019 4:33 PM

Subject: Re: State Farm Insurance Fire Declarations Page requested by , ORAZIO & AMY L Date: Tue, Mar 5, 2019 1:36 pm Hi Lisa. I still haven't received a call from the adjuster, I'm just making sure she is calling Thanks. Orazio Sent from my iPhone > On Mar 4, 2019, at 10:42 AM, Lisa .IVGG@statefarm.com> wrote: > The following information is provided in response to your request for a Fire Declarations Page. > Michael Messuro > State Farm Agent > 9125 Main Street > Clarence, NY - 14031 > M-F 9-5 (EST) > Sat and Evening by Appt > Phone: (716) 759-1570 .f6d9@statefarm.com > > > IMPORTANT NOTICE: > > This message may contain confidential information. If you have received this e-mail in error, do not use, copy or distribute it. Do not open any attachments. Delete it immediately from your system and notify the sender promptly by e-mail that you have done so. > You will need Adobe Acrobat Reader to view the attached documents. To download your free copy, go to www.adobe.com. > <decpage.pdf>

.IVGG@statefarm.com>

From: Orazio To: Lisa

```
To:
                              .ivgg@statefarm.com>
Subject: Re: [EXTERNAL] Re: State Farm Insurance Fire Declarations Page requested by
                                                                                   , ORAZIO
   Date: Tue, Mar 5, 2019 2:21 pm
Ok. Great. Thanks. Just wanted to be sure. Have a Good Rest Of Your Day.
Sent from my iPhone
> On Mar 5, 2019, at 1:46 PM, Lisa A
                                                          .ivgg@statefarm.com> wrote:
> Hi Orazio,
> Your claim was just assigned to a rep: see information below- I asked to have someone reach out to
you today for direction and when adjuster to call or come out-if you do not hear from anyone by end f
day - please call number below
> And if goes to voicemail hit zero to be patched thru to someone. Sorry for the delay.
>
>
> Claim Detail
>
>
>
>
> Homeowners Policy
>
>
> Claim number:
                         -Z92
>
> Recent Events
>
>
> 03-04-2019 State Farm received your claim.
>
>
>
> Claim number:
          -Z92
>
```

From: Orazio

```
> Date of loss:
> 02-24-2017
>
> Location of loss:
>
> 8327 Clarence Center Rd
> East Amherst, NY 14051-1989abc
>
>
> Status:
>
> New
>
> Catastrophe loss:
>
> Yes
>
> Facts of loss:
> wind damage to the property, meter gasket was damaged, causing water to leak inside. It is believed
that it was damaged
>
>
> Policy Information
>
> Policy type:
> Homeowners Policy
>
> Policy number:
>
>
>
>
>
> Claim Contact Information
>
```

```
> Elbert is handling:
> General Questions and is your Primary Contact
>
> Elbert H
                 - PDAK
> Phone: (844) 458-4300 ext. 9726571637
> Fax: (844) 236-3646 (include your claim number)
>
> State Farm Insurance Companies
> PO Box 106169
> Atlanta, GA 30348-6169
> Office hours: Mon-Sat 7:00 AM - 7:00 PM Central
>
>
>
>
>
> *The review of your property damage may have taken place over the phone, and may not have
included an actual site visit to observe the damage.
>
>
>
>
>
>
>
>
> ----Original Message----
> From: Orazio
> Sent: Tuesday, March 05, 2019 1:37 PM
                                .ivgg@statefarm.com>
> To: Lisa A
> Subject: [EXTERNAL] Re: State Farm Insurance Fire Declarations Page requested by I
ORAZIO & AMY L
>
```

DECLARATIONS

|Coverage afforded by this policy is We will provide the provided by: insurance described in this policy in return for the premium | STATE FARM FIRE AND CASUALTY COMPANY and compliance with all applicable | PO BOX 8000 provisions of this policy. |BALLSTON SPA NY 12020 -----Policy Number |A Stock Company with Home Offices in | -----|Bloomington, Illinois. Named Insured and Mailing Address ORAZIO & AMY L

EAST AMHERST, NY 14051-1989

The Policy Period begins and ends at | Automatic Renewal - If the Policy 12:01 a.m. Standard Time at the residence | Period is shown as 12 months, this premises.

12/04/2018 Effective Date

\$ 254,300 Dwelling (Coverage A)

Policy Type

Homeowners Policy

Location of Premises

EAST AMHERST, NY 14051-1989

|policy will be renewed auto-|matically subject to the premiums, |rules and forms in effect each 12/04/2018 Effective Date
12months-Policy Period | succeeding policy period. If this
12/04/2019 Expiration of Policy Period | policy is terminated, we will give -----|you and the Mortgagee/Lienholder Limit of Liability - Section 1 | written notice in compliance with | the policy provisions or as |required by law. _____

Deductibles - Section 1 \$1000

|ALL LOSSES In case of loss under Homeowners Policy | this policy, the deductible will be | applied per occurrence and will be | Increase Dwlg Up to \$50,860 - Option ID | deducted from the amount of the -----|loss. Other deductibles may apply |- refer to your policy.

| Policy Premium \$519.00

Forms, Options, & Endorsements FP-7955.NY HOMEOWNERS POL LSP A1 SMLR CONST-A
LSP B1 LMT RPLC COST-B OPT ID COV A-INCR DWLG
BOL10% BLD ORD/LAW-10% FE-3506 HO-W POL END
FE-2360 AMENDATORY END FE-7484.1 WORKERS COMP
FE 3438 MOLD FNG 20000 FE-3650 ACTUAL CASH

Mortgagee Agent Name & Address

> | MIKE MESSURO INS AGCY IN 1 10440 MAIN ST | CLARENCE, NY

PLANO, TX 75086-4888 14031-1627 (716) 759-1570

Loan Number:

Prepared: March 04, 2019

2113 Agent's Code

MORTGAGEE COPY

559-916.5

062S0009157972 FROM 14221 \$7.35 03/27/2019 US POSTAGE mPos

PRIORITY MAIL 2-DAYTM

USPS TRACKING #

INSURANCE INCLUDED *

PICKUP AVAILABLE

* Domestic only

WHEN USED INTERNATIONALLY, A CUSTOMS DECLARATION LABEL MAY BE REQUIRED.

BUARIL, NY 14203-2494

Erie courty Water Authority

295 MAIN Street

Room 350

Anthony J. Alessi

Ö

EP14F July 2013 OD: 12.5 x 9.5

PS00001000014

POSTAGE REQUIRED PRIORITY MAIL

PRESS FIRMLY TO SEAL

FROM: ORAZZO

East Amherst, New York 14051-1989

WATER

PM 12: 59 COUNTY AUTHORITY

VISIT US AT USPS.COM ORDER FREE SUPPLIES ONLINE

