

**SMALL CLAIMS APPLICATION  
TOWN OF CONCORD JUSTICE COURT**

**86 Franklin Street  
PO Box 185  
Springville, New York 14141**

**YOUR NAME:** \_\_\_\_\_

**YOUR ADDRESS:** \_\_\_\_\_

**YOUR TELEPHONE #:** \_\_\_\_\_

**NAME OF PERSON / COMPANY YOU ARE SUING:**

\_\_\_\_\_

**ADDRESS OF PERSON / COMPANY YOU ARE SUING:**

\_\_\_\_\_

\_\_\_\_\_

**AMOUNT OF CLAIM:** \_\_\_\_\_

**BRIEFLY PROVIDE THE BASIS FOR YOUR CLAIM / COMPLAINT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DATE THE ABOVE CLAIM OCCURRED:** \_\_\_\_\_

**FILING FEES**

**CLAIM UNDER \$1,000 - \$10.00 / CLAIM OVER \$1,000 - \$15.00**