APPLICATION FOR SMALL CLAIMS

Town of Tonawanda Justice Court
1835 Sheridan Dr
Buffalo, NY 14223

Name and address of
Person/company to sue _____

_____

_____ ZIP _____

Telephone number _____

*****

Your name and address _____

_____

_____ZIP _____

Telephone number _____

*****

Amount you are suing for $_____

Reason you are suing (**IN BRIEF**)_____

_____

_____

_____

_____

_____

_____

Date Above Happened _____