

CITY OF WEST ALLIS

RECEIVED

DEC 12 2016

NOTICE OF CLAIM

CITY OF WEST ALLIS
CITY CLERK

Name: Carol Fox Incident/Accident Information
 Address: 2619 W Wells Date: Dec 10 Noon 5 pm
 Phone: 578-6404 Time: _____
 Place: 2619 W Wells

CIRCUMSTANCES OF CLAIM

In the space below briefly describe the circumstances of your claim. (Attach additional sheets, if necessary). Some helpful information may be the police report, pictures of the incident or damage, a diagram of the location, a list of injuries, a list of property damage, names and contact information for witnesses to the incident, and any other information relevant to the circumstances.

Laura Lemke Health TI National
Pallock GI Madison Peter Rozman house
for 2 months Peter DIED at 5pm at
my home,
San Francisco claim GI Madison
When Carol & Peter saw missing old & New
Furniture + Clothing
Peter Died 5pm Sunday

Signed: We are Handicapped 75 yrs old LD Date: _____

CLAIM

NOTE: You are not required to make a claim at this time. As long as you have filed the above Notice of Claim you may file a claim with the City of West Allis at any time consistent with the applicable statute of limitations. However, no action will be taken by the City of West Allis to formally accept or deny your claim until the following information is provided:

The undersigned hereby makes a claim against the City of West Allis of arising out of the circumstances described above.

The amount sought is: \$ 1,000 (Please attach an itemized statement of damages sought including at least 2 estimates for repairs.)
Wells Fargo GI National

Signed: Carol Fox Date: Dec 12 2016
 Address: _____

NE

- Steping Stool

- 2: Long + Summer Coats
+ Winter

- 10: Wells Fargo \$1000
Envelope

Each envelope had \$100 in \$20.