CLAIMANT CONTACT INFORMATION



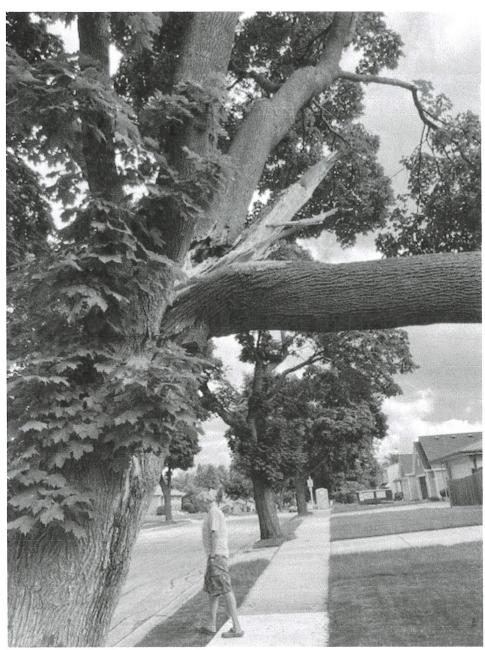
Name:	Doris Wielgus	Phone: 414328-1076
	2604 S 83rd Steet	Email: donnawielgus27@gmail.com
	West Allis, WI	
		INSTRUCTIONS
		it, and serve a hard copy upon the West Allis City Clerk. If
•		fill out this form, please contact a private attorney who can
assist yo	J.	NOTICE OF CLAIM
		NOTICE OF CLAIM
Date of in	ncident: 07/18/2025	Time of day: <u>08:15</u>
	West Allis, WI	
,		
Describe	the circumstances of you	r claim here. You may attach additional sheets or exhibits.
Some he	elpful information may be	the police report, pictures of the incident or damage, a
		injuries, a list of property damage, names and contact
information	on for witnesses to the	e incident, and any other information relevant to the
circumsta		
AND RESIDENCE OF THE PARTY OF T	A CONTROL OF THE PERSON NAMED OF THE PERSON NA	Allis tree fell onto the residence of Doris Wielgus at 2604 S 83rd Street.
The tree ca	nused extensive damage to her g	garage, roof, and gutters,
-	1	to a sub-th-a delicense. The efficiency payments and they came out and
		tree onto the driveway. The city was contacted and they came out and
cut the branch but indicated that the tree was healthy instead of removing the tree at this time. After that, the City of West Allis, replaced the sidewalks around this tree due to the fact that they were buckling from the roots of the tree,		
vvest Allis,	replaced the sidewarks around t	his tree due to the fact that they were buckling from the roots of the tree,
		\
Check or	20.	
		is time (complete Claim Amount section below)
V	am submitting this notice w	without a claim for damages. This claim is not complete and
	ill not be processed until I	submit a claim for damages on a later date.
VV		
0	Dous Wielque	Date: 8-13-2025
Signed:_	No me or go	Date: 0 70
		CLAIM AMOUNT
To complete this claim, attach an itemized statement of damages sought. If any damages are		
for repair to property, include at least 2 estimates for repairs.		
ioi repaii	to property, include at lea	St 2 estimates for repairs.
The total	amount sought is: \$	500.00 DEONCTIBLE INSURANCE
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WEST ALLIS CITY ATTORNEY



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