



CLAIMANT CONTACT INFORMATION

Name: Bo Alan, LLC
Address: W308S7061 Cty Rd I
Mukwonago, WI 53149

Phone: 414-412-9595
Email: dooleym74@gmail.com

INSTRUCTIONS

Complete this form, print and sign it, and serve a hard copy upon the West Allis City Clerk. If you have questions about how to fill out this form, please contact a private attorney who can assist you.

NOTICE OF CLAIM

Date of incident: 2021 Taxes - paid in full Time of day: _____
Location: City of West Allis - WI State Fair business located on Central Ave at State Fair Park

Describe the circumstances of your claim here. You may attach additional sheets or exhibits. 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.

When I submitted the assessment, I misunderstood how to put a value on the personal property. I am a realtor, by trade, and I put the market value. Meaning, I put down what I would try to sell it for plus 3x the net income that it produces. Based on the incorrect assessment I submitted, our taxes went from roughly \$400/year to \$4500/year. We are asking that the City of West Allis reassess the business property value and/or let me resubmit a new assessment form to adjust the value. In the past 7 years, I had not completed and submitted that form and I did this. year, and I did it incorrectly. This is a seasonal business that is open for 11 days during the Wisconsin State Fair and I would truly appreciate you assisting us in getting this corrected/adjusted. Thank you.

Check one:

- I am seeking damages at this time (complete Claim Amount section below)
- I am submitting this notice without a claim for damages. This claim is not complete and will not be processed until I submit a claim for damages on a later date.

Signed: Melissa Dooley dotloop verified 02/15/22 7:32 PM CST DX1Q-WLVX-JMDF-UKXK

Date: 02/15/2022

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.

The total amount sought is: \$ 3,500

SAVE

PRINT

CITY OF WEST ALLIS
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