CLAIM FORM AND INFORMATION

Important Information: For the City of West Allis to consider your claim, you must follow the Wisconsin statutory procedure for filing a claim. Completing this form does not guarantee compliance with statutory procedure. City employees, including the City Attorney's Office, cannot give you legal advice or instructions on the statutory procedure. Any questions regarding claims should be directed to the City Attorney's Office at 414-302-8450. RECEIVED

NOTICE OF CLADA

14 M O O OOO

	NOTICE OF	CLAIM	JAN 2 6 2020
Name:	MICHAEL ERMISCH 3328 S 113+h #7	Incident/Accident Information	CITY OF WEST ALL
Address.			
Phone:	WEST Allis W. 53227 414-217-3925	Place: 3300 S. 113th	
CIRCUMSTANCES OF CLAIM			
In the spa	ce below briefly describe the circumstances of	f your claim. (Attach additional sheets	s, if
). Some helpful information may be the polic	·	
	of the location, a list of injuries, a list of proper		
_	to the incident, and any other information rele		
T	LAS DRIVING UP 113th ST.	man the Course To	6.561
My	DRIVEWAY WHEN THE CITY AGE TO MY FRONT GRILL,	TRUCK BACKED INTO BumpER, HOOD	ME.
Police	CASE No 20-003314		
400	US OF RENTAL CAR		
	1250	- / 00 0-15	
Signed:		Date: 1-28-2020	
	CLAIN	M	
NOTE:	You are not required to make a claim at this t	ime. As long as you have filed the abo	ove Notice
of Claim	you may file a claim with the City of West A	llis at any time consistent with the app	licable
statute o	f limitations. However, no action will be take	n by the City of West Allis to formally	accept or
deny you	r claim until the following information is prov	vided:	-
The unde	rsigned hereby makes a claim against the City	of West Allis of arising out of the circ	cumstances
	above. The amount sought is: \$ 2200	(Please attach an itemized	
	es sought including at least 2 estimates for rep		
		•	
Signed:		Date: $1 - 29 - 2020$	2
Address:	3328 S 11374 #7 W. Allis Wi 53227		
4	W. Pllis Wi 53227		