## **CLAIMANT CONTACT INFORMATION**



Name: Address:		_	414-708-0072 katkas816@gmail.com	
Complete you have assist you	e this form, print and sign it, and se questions about how to fill out this u.	RUCTIONS erve a hard cop s form, please	by upon the West Allis City Cl contact a private attorney wh	erk. Ii o can
	cident: June 25, 2020 8627, 8629 W. Arthur Ave. West Allis,	T Wl. 53227	ime of day: 7 PM	
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.  I was embarking on an evening walk with my husband, and on the sidewalk in front of our neighbor's house, the toe				
incurred a fr	got caught in a divet in the pavement and I i acture in my left ankle.	fell to the ground. N	My toe did not release from the divet	so l
	e for maintaining the sidewalk in front of our ly in the middle of medical treatment, and w		-5 weeks. I am also on a medical lea	ve
po mai mis c	ny own personal damages, I am concerned doesn't happen to any of my other neighbors od and I think it's likely that this accident cou	<ol><li>This is a very he.</li></ol>	f sidewalk be replaced as soon as po eavily used stretch of sidewalk in our	ssible
			~	
ar	e: in seeking damages at this time (cor in submitting this notice without a cla not be processed until I submit a cl	aim for damages	S. This claim is not complete :	and
Signed:	Kathleen Kasinski	2	Date: 7-5-20	
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.				
	mount sought is: \$	-		

SAVE

PRINT