

CITY OF WEST ALLIS

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NOTICE OF CLAIM

CITY OF WEST ALLIS
CITY CLERK

Name: MARK PIOTROWSKI Incident/Accident Information
 Address: 6103 S. 20th ST Date: 11/08/16
MILW. 53221 Time: 12:30
 Phone: 414-282-3542 Place: FARMERS MARKET

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.

I was walking toward the meat lady (LISA FERRY)
to get something. My right forearm, hit the
downdspout, and cut my arm. The corner of the
downdspout was very sharp.
I see now, there is electrical tape on all
the downdspouts. I hope this is a temporary fix
I would like some cash for pain and
suffering.

Signed: Mark Piotrowski Date: 11/11/16

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: \$ 500 (Please attach an itemized statement of damages sought including at least 2 estimates for repairs.)

Signed: Mark Piotrowski Date: 11/11/16
 Address: 6103 S. 20th ST
MILW, WI 53221