



CLAIMANT CONTACT INFORMATION

Name: Devon Driver
Address: _____

Phone: 414 803-0660
Email: devondriver33@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: 8/20/24
Location: West Allis Police Station

Time of day: Evening

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 got my fire arms back after 3 months of you guys having it. My brand new tactical Combo light (Blue, Purple beam/lazer light) is broken. It's been charging 3 days and will only work if on the charger, but only one light works. When off the charger it does nothing.

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: [Signature]

Date: 11/16/24

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: \$ 79.95 (89.95 with shipping)

SAVE

PRINT