



CLAIMANT CONTACT INFORMATION

Name: SARAH AFRIDI
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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: 3/2/2023 Time of day: _____
Location: _____

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.

City of West Allis, WI
2016 Freight
1085D

V2 struck park & unoccupied V1
Per SFAO Associate V1 was parked in West Allis & was apparently hit by snow plow and was damaged - note left on windshield of V1 By a West Allis Police officer to notify V1 of the incident. We have been unable to reach - Police officer Ramon Agor. Struck from claim #49-465923K

We are seeking deductible recovery of \$500.00

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: Sarah Afridi

Date: 02/05/2024

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: \$ 500.00

SAVE

PRINT