



CLAIMANT CONTACT INFORMATION

Name: Matt Keup
Address: 1643 S 63rd street
West Allis WI 53214

Phone: 414-350-2173
Email: mkeup@paychex.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: 10/26/2023 Time of day: 04:10
Location: 1645 S 63rd Street West Allis

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 am a property owner of the location listed above in the claim section. (1645 S 63rd street)

On Thursday 10-26-23, The tenant of the property (Kaylyn Link) had contacted the West Allis Police regarding her boyfriend, whom she had filed a restraining order against. Police came to address situation. Tenant's boyfriend, Allen Borek Jr, had a stand off with the police.

Culmination of the stand-off resulted in officers breaking 16 window panes on the south side of the building, and 4 screens, as a means to distract Mr Borek Jr while they breached the apartment door with a chainsaw.

I am seeking reimbursement for the damages done in this scenario. The Police Case # is 23-0471807.

Replaced were 16 windows, screens, an entry door, and the cabinet behind the door that was also damaged by the chainsaw when breaching the entry.

*All invoices Attached / Except Cabinet door
\$100*

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: *Matt Keup*

Date: 11-24-23

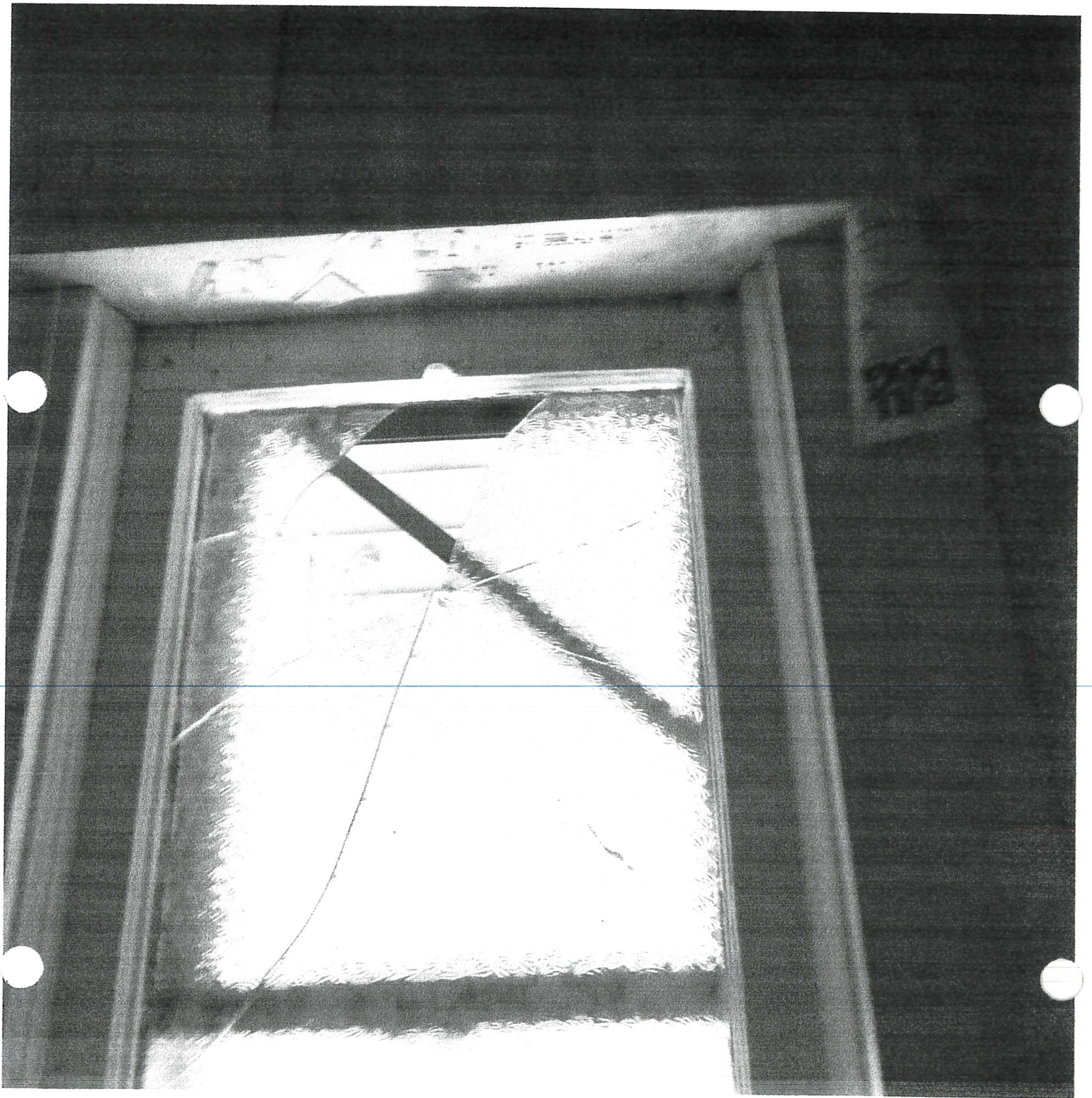
CLAIM AMOUNT

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: \$ 2076.94

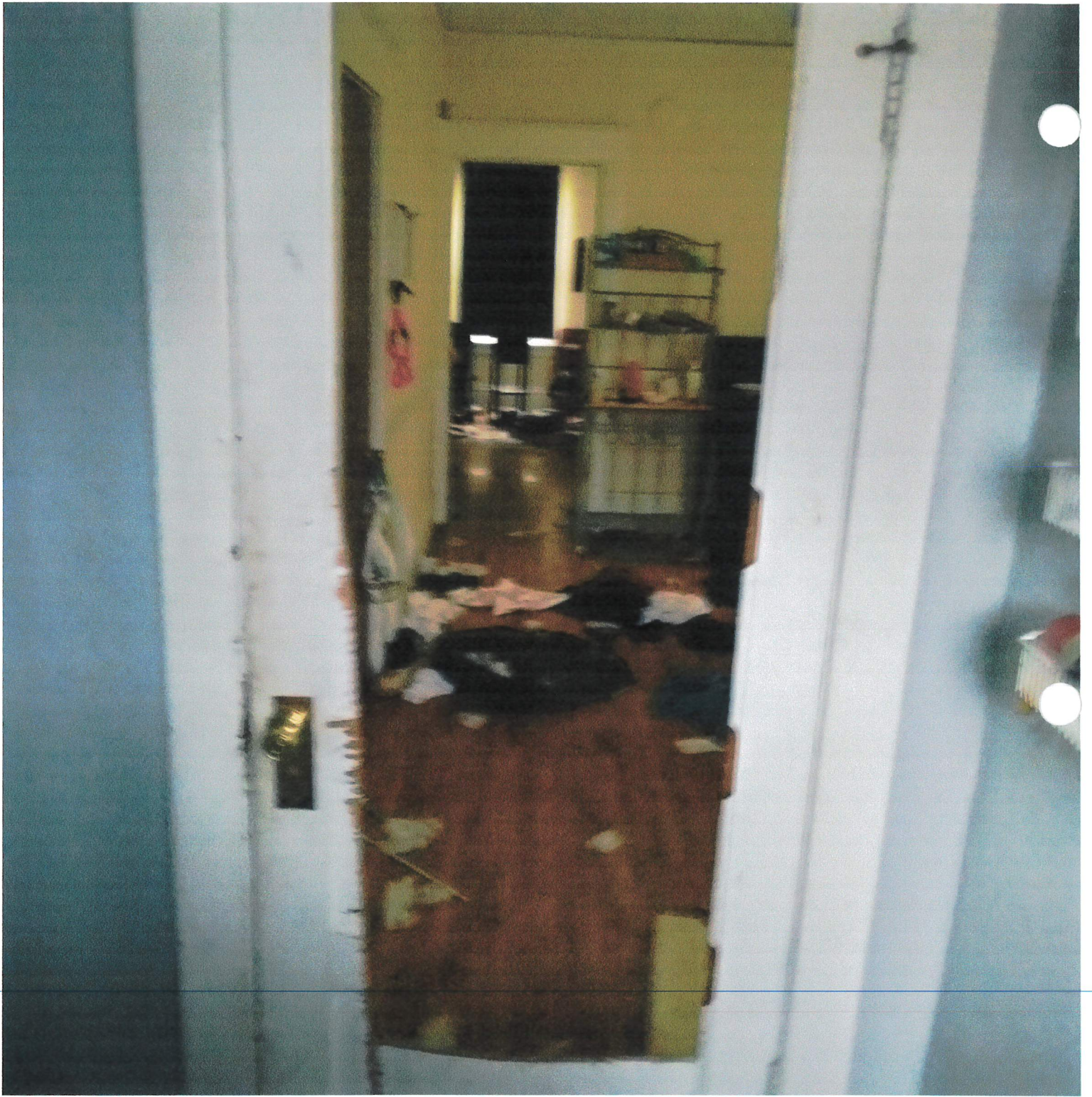
SAVE

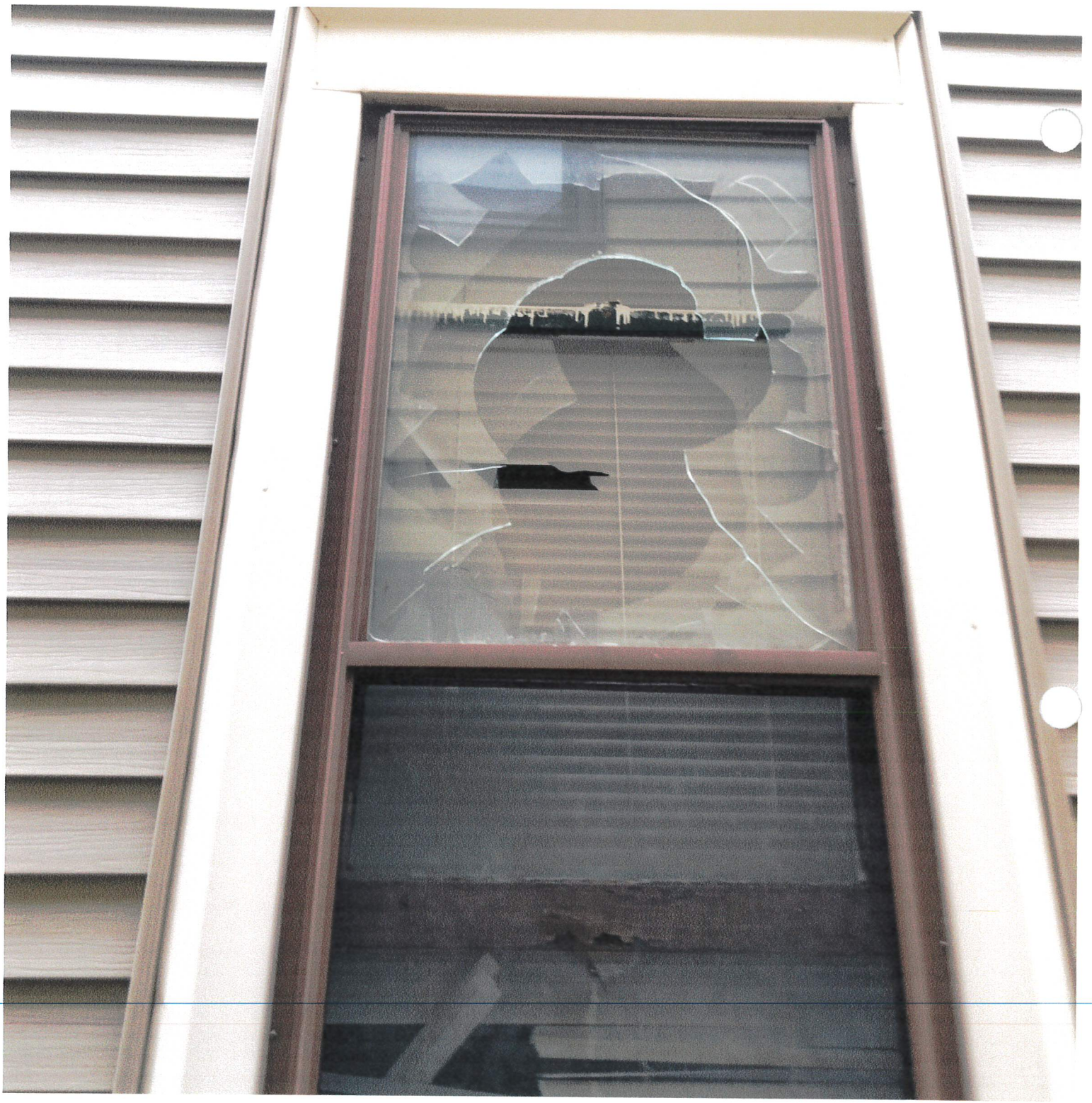
PRINT























 [View Invoice](#)
▼

Print

PDF

Krause and Assoc.
Paul
Krause
2024 Hemlock st
West Bend, WI 53090
262-247-5991

Matt Keup
Matt Keup
1643 so. 63rd
West Allis, WI
414-350-2173
mkeup@paychex.com

Invoice # 11172023
Invoice Date 11/20/2023
Due Date 11/20/2023

Item	Description	Unit Price	Quantity	Amount
Service	Install new replacement windows where broken.	325.00	1.00	325.00
Service	Install newly used back door.	200.00	1.00	200.00

NOTES: Owner to supply matl.

Subtotal 525.00
Total 525.00

MENARDS - W. MILWAUKEE
101 Miller Park Way
W. Milwaukee WI 53219

KEEP YOUR RECEIPT
RETURN POLICY VARIES BY PRODUCT TYPE

Unless noted below allowable returns for
items on this receipt will be in the form
of an in store credit voucher if the
return is done after 02/08/24

If you have questions regarding the
charges on your receipt, please
email us at:

WMILfrontend@menards.com



Sale Transaction

QUARTER RND WM105 PFJPIN	
4174640 9 @6.68	60.12
PINE TAPERED SHIMS 12 CT	
4334222 3 @1.56	4.68
PB ENTRY JUNO KNOB	
2218128	26.99
DOOR BTM SLIDEON BRN *	
4366228	12.71
TOTAL	104.50
TAX MILWAUKEE-WI 5.5%	5.75
TOTAL SALE	110.25
Associated Debit 7363	110.25
Auth Code:473821	
Chip Inserted	
a0000000042203	
TC - d691d56348bdf5bb	
TOTAL SAVINGS 0.28	
TOTAL NUMBER OF ITEMS =	14

THE FOLLOWING REBATE RECEIPTS WERE
PRINTED FOR THIS TRANSACTION:
2327

GUEST COPY

The Cardholder acknowledges receipt of
goods/services in the total amount shown
hereon and agrees to pay the card issuer
according to its current terms.

THIS IS YOUR CREDIT CARD SALES SLIP
PLEASE RETAIN FOR YOUR RECORDS.

THANK YOU, YOUR CASHIER, Julisa

81185 06 4526 11/10/23 12:04PM 3226

MENARDS - W. MILWAUKEE
2101 Miller Park Way
W. Milwaukee WI 53219

KEEP YOUR RECEIPT
RETURN POLICY VARIES BY PRODUCT TYPE

Unless noted below allowable returns for
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WMILfrontend@menards.com



Sale Transaction

3-1/2" DOOR HINGE (SQ) 3P	
4316216	6.97
COL STOP WM947 PFJPOP	
4179114 3 @7.59	22.77
TOTAL	29.74
TAX MILWAUKEE-WI 5.5%	1.64
TOTAL SALE	31.38
Associated Debit 7363	31.38
EFT Debit	
Ref# 151611101042	11/10/23 15:16:39
Chip Inserted	PRIMARY ACCT
a0000000042203	
TC - 12583ec762102dbc	

TOTAL NUMBER OF ITEMS = 4

THE FOLLOWING REBATE RECEIPTS WERE
PRINTED FOR THIS TRANSACTION:
2327

THANK YOU, YOUR CASHIER, Erick

5386 02 0455 11/10/23 03:16PM 3226

Lisbon Storm, Screen & Door
Merchant ID xxx0001
5006 W. Lisbon Avenue
Milwaukee, WI 53210
414-445-8899

** PURCHASE **

Reference : 654351 1
Order Number : 771145
Auth Date : 11/04/23 11:03 am
Auth Number : 481638
Host Response : SALE - APPROVAL
Host Code : 000

Payment Type : mastercard
Card Number : xxxxxxxx7383
Entry Method : MSR Read
Amount : \$ 69.62

X

Cardholder acknowledges receipt of
goods and services in the amount
shown above and agrees to pay within
the terms outlined in the cardholder
agreement.

Cashier : MAR
Port Name : counter3
Customer# : CASHS
CVM : Verified by E-SIGNATURE

LISBON STORM, SCREEN & DOOR, INC.
THANK YOU FOR YOUR BUSINESS

11/04/23 MAR CASHS
11:03:42 EMC
Ord#: 771145 Inv#: 717384

FLUSH S.C. W/10X10 LITE
32 X 79
(USED)

1 EA @ 59.000 59.00
GE ACRYLIC LATEX CAULK - BROWN
(90154)

1 EA @ 6.990 6.99

SUB TOTAL 65.99
TAX 3.63
TOTAL 69.62

MASTER CARD xxxxxxxx7383 -69.62

WE HOPE YOU'LL BE BACK SOON!!!!
SORRY NO REFUNDS AFTER 30 DAYS

1ENARDS - W. MILWAUKEE
2101 Miller Park Way
W. Milwaukee WI 53219

KEEP YOUR RECEIPT
RETURN POLICY VARIES BY PRODUCT TYPE

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charges on your receipt, please
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WMILfrontend@menards.com



Sale Transaction

PINE TAPERED SHIMS 12 CT		
4334222	2 @1.56	3.12
WL W&D 100% SIL RUBR WHT		
5634343	2 @6.49	12.98
WL W&D 100% SIL RUBR CLR		
5634342	6 @6.49	38.94
SH POCKET WINDOW (BETTER		
4040218	3 @176.99	530.97

TOTAL	586.01
TAX MILWAUKEE-WI 5.5%	32.23
TOTAL SALE	618.24
Associated Debit 7383	618.24
EFT Debit	11/06/23 17:31:33
Ref# 173111061042	PRIMARY ACCT
Chip Inserted	
a0000000042203	
TC - 913a6bfd0303d012	

TOTAL NUMBER OF ITEMS = 13

THE FOLLOWING REBATE RECEIPTS WERE
PRINTED FOR THIS TRANSACTION:
2327

THANK YOU, YOUR CASHIER, Tina

75156 07 2527 11/06/23 05:30PM 3226



7533 W. National Ave.
WEST ALLIS, WISCONSIN 53214
Phone (414) 258-9830 Fax (414) 258-9841

CUSTOMER'S ORDER NO.		PHONE		DATE			
NAME		Keup		11/14/23			
ADDRESS							
SOLD BY		CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT
QTY.		DESCRIPTION			PRICE AMOUNT		
		2 20X14X (12 G/100)			47- 94		
RECEIVED BY					TAX		
					TOTAL		

64623. All claims and returned goods MUST be accompanied by this bill. Thank You!



7533 W. National Ave.
WEST ALLIS, WISCONSIN 53214
Phone (414) 258-9830 Fax (414) 258-9841

CUSTOMER'S ORDER NO.		PHONE		DATE			
NAME		Keup		11-4-23			
ADDRESS							
SOLD BY		CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT
QTY.		DESCRIPTION			PRICE AMOUNT		
		6- 211X32 X 55 AL FR.			55- 330-		
		3- 24X32 BLK FIBER SCAN.			32- 96-		
		2- 14X20 X 55 AL FR.			21- 42-		
		1- 14X20 BLK FIBER SCAN			28-		
					496-		
RECEIVED BY					TAX		
					TOTAL		

64573. All claims and returned goods MUST be accompanied by this bill. Thank You!

5652 S. 13th STREET
MILW. WI. 53221-4403

Date	Invoice #
11/25/2023	18837

Bill To
MATTHEW KEUP 1643 S. 63rd STREET WEST ALLIS WI. 53214

P.O. No.	Terms	Project
	Due upon comple...	

Quantity	Description	Rate	Amount
1	Cabinet Doors Sales Tax	76.55 5.50%	76.55T 4.21

Phone #
414-281-0155

E-mail
cdmidougkrystowiak@gmail.com

Total	\$80.76
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