

SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant: Jessica Pearson

Date: 2/10/2020

In-person

Process Server

Claimant

Other _____

By mail

By email

By fax

Received by: Jlemanski

➤ Hand deliver to: Ann Marie or Janel

➤ Forwarded to Attorney's Office by Ann Marie or Janel

➤ Response from Attorney's Office

➤ Common Council Agenda: Yes No

FEB 10 2020

CITY OF WEST ALLIS
CITY CLERK



CLAIMANT CONTACT INFORMATION

Name: Jessica Pearson
Address: 3141 South 114th St.
West Allis, WI 53227

Phone: 906-553-2766
Email: JPearson@Buffalowildwings.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: 01/18/2020
Location: Mailbox located at 3141 So. 114th St.

Time of day: Between 7A & 4PM

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.

Our Mailbox was hit by the plow while we were at work between the hours of 7am-4pm. The mailbox was hit with such force that the wood is cracked and the foundation is loose. The box and post both need to be replaced.

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: _____

Date: 2/3/2020

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: \$ 50.00

SAVE

PRINT