

SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant: Richard D Vis

Date: 9-24-18

In-person

Process Server

Claimant

Other _____

By mail

By email

By fax

Received by: _____

➤ 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

CLAIM FORM AND INFORMATION

CITY OF WEST ALLIS
CITY CLERK

Important Information: For the City of West Allis to consider your claim, you must follow the Wisconsin statutory procedure for filing a claim. Completing this form does not guarantee compliance with statutory procedure. City employees, including the City Attorney's Office, cannot give you legal advice or instructions on the statutory procedure. Any questions regarding claims should be directed to the City Attorney's Office at 414-302-8450.

NOTICE OF CLAIM

Name: <u>Richard D. Vis</u>	Incident/Accident Information
Address: <u>1127 S. 71st St.</u>	Date: <u>9-7-2018</u>
<u>West Allis, WI 53214</u>	Time: <u>8:50 AM</u>
Phone: <u>Cell (414) 651-5396</u>	Place: <u>Greenfield Ave</u>
<u>Home (414) 258-5638</u>	<u>West of 84th St.</u>

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.

Large pothole that I couldn't avoid
because of traffic in front of,
behind me and along side of me.
When I ran into pothole
blew my right rear tire
Notified DPW West Allis They
repaired it in about 4 hrs

Signed: Richard D. Vis Date: 9-23-2018

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: \$ 125.93 (Please attach an itemized statement of damages sought including at least 2 estimates for repairs.)

Signed: Richard D. Vis Date: 9-23-2018
Address: 1127 S. 71st St
West Allis, WI 53214



NAME *Richard* DATE *9/7/2018*
 ADDRESS _____
 MDSE SOLD _____ CHECK # _____ SALESMAN *[Signature]* NEW _____ USED _____
 CASH _____ CHARGE *[Marked]*

QTY.	DESCRIPTION	QUAN	PART NO	DESCRIPTION	UNIT LIST	UNIT NET	TOTAL NET
	TIRE REPAIR	<i>1</i>	<i>225/60/17</i>	<i>Cooper</i>			<i>119.25</i>
	DISMOUNT			<i>Cooper</i>			
	MOUNT			<i>AS</i>			
	ROTATE						
	SPIN BALANCE	<i>1</i>	<i>F</i>				
	VALVE STEMS						
	RIMS (WHEELS)						
	TIRE DISPOSAL						
						TAX	
						TOTAL	<i>125.93</i>

**NO CASH REFUNDS
 ALL MERCHANDISE
 SOLD "AS IS"**

MR. P'S TIRES S. 108th LLC
 4781 S. 108th St. 2366 S. Kinnickinnic
 Greenfield, WI 53228 Milwaukee, WI 53207
 414-425-7800 414-769-0500