



CLAIMANT CONTACT INFORMATION

Name: LEROY TAYLOR JR Phone: 414 516-5711  
Address: 1911 S 69th Email: \_\_\_\_\_  
WEST ALLIS  
53219

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: 6/14/2024 Time of day: 8:00am  
Location: 1911 S 69th West Allis WI 53219

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.

They did not tow my car. They didn't have a chance to tow the car. I am unsure why I'd be charged if they never towed my car.

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: Leroy Taylor Jr Date: 6-21-24

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: \$ 90.00

SAVE

PRINT

CITY OF WEST ALLIS  
21 JUN '24 PM 12:59



**"DAMAGE FREE"  
TOWING**

**N & S TOWING, INC.**  
1759 So. 83rd Street • West Allis, WI 53214  
476-8697 • Fax 476-7828  
- 24 HOUR ROAD SERVICE -

*Pd  
CASH  
6-14-24*



**FLAT BED SERVICE**

TOWED FOR <i>LEROY TAYLOR</i>		DATE <i>6/14/24</i>		CASH	X
ADDRESS		RO#	PO#	CHARGE	
FLATBED TOW SERVICE CALL <i>DROP FEE</i>		MAKE <i>TOYOTA CAMRY</i> YEAR		DRIVER	<i>CL</i>
LICENSE # <i>4VA-9936</i>	STATE <i>WI</i>	LOCATION <i>1911 S 69TH</i>		TRUCK #	<i>31</i>
VIN # <i>4T1BE32K660654475</i>		MILEAGE			
NAME <i>LEROY TAYLOR</i>		ADDRESS			
DL#		DOB / /	ADVANCE CHARGES		
ACC#		EXP: / /	STORAGE / / TO / /		
I agree to not hold N&S Towing responsible for damages done to my vehicle due to services provided by them unless negligence can be proven and also I agree to pay total amount of invoice according to card issuers agreement and/or N&S Towing's billing policy if credit voucher.				AUTHORIZATION #	TAX <i>5</i>
				TOTAL	<i>90</i>

X *Leroy Taylor* X  
OWNER/ REPRESENTATIVE DRIVER

4865