

CLAIMANT CONTACT INFORMATION

Phone: 414-688-8095

u x	New Berlin, WI. 63146 Email: <u>DIMITIER 219@ Wi. RR. COM.</u>
	INSTRUCTIONS Complete this form 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: 06/01/22 Time of day: 04/36:42 Location: 5620 W. Beloi + Rd. WEST ALUS, 532/4
	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.
	TO RECOVER PROPERTY DAMMBES NOT PA FOR BY INSURANCE CO. THAT OCCURED AURING A. SEARCH WARRANT BY WEST ALLIS SWAT + ASSISTED BY WAYKESHA DEA. FOLLOWING PAMAGES PD. BY INSURANCE COMPANY LESS A1,000 NO deductible
	1) COMMON ENTRY DOOR + FRAME 3) SCOOM FLOOR SW BEARM GLASS WINDOW JOANES BROKE. 3) UPSTAIRS DOOR & DOOR FRAME 4) HASP BASEMENT STORRE UNIT DAMMED BY HAVICAN
	ALSO DALIAGED SIDING OD NORTH SIDE OF BUILDING FROM EXTERIOR NEDD.
	THE Building built in 1955. I GAVE SIDING PIECES TO CONTRACTORS + handy MEN
	They SAID THEY COULD NOT MATCH THE SIDING OUE TO REE + COLOR fading. TO
	Keep the property's INTEGRITES the ESTIMATES ARE FOR THE ENTITEIRE BUNDING.
	LOWER UNIT TENANTS MS. Shen' SAPWELL 414-333-9180, MS. PAT SAPWELL 414-252-4346
	COSTS INS. deductible, 1,000.00
	CHAMPION 16, 995.00
	<u>*17,99500</u>
	SORRY SO LATE - MANY DELAYS PROBLEMS
	Check one:
	Signed: Geder Merins Date: 1-19-2023
	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: \$
	WEST ALLIS