

RECEIVED

MAY -8 2019

CITY OF WEST ALLIS
CITY CLERK

SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant: Andi Lushi

Date: 5-8-19

In-person

Process Server

Claimant

Other _____

By mail

By email

By fax

Received by: A. M. [Signature]

➤ 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

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: Andi Lush Incident/Accident Information
Address: 2120 W. Clybourn St Date: 3-8-19
Milwaukee WI Time: Art Hours
Phone: 414 687 7996 Place: 7726 W Becher St W. Allis

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.

West Allis sewer line damaged building lines and caused followup expenses to our business.

Please see attached invoices from contractors we hired.

Signed: [Signature] Date: 5-8-19

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: \$ 315.00 (Please attach an itemized statement of damages sought including at least 2 estimates for repairs.)

Signed: [Signature] Date: 5-8-19
Address: 2120 W. Clybourn St Milwaukee WI

Property	Account	Invoice - Date	Description	Amount
be7726	7650-3000	255919 - 03/10/2019	Bldg	315.00
				315.00

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

Becher Apartments, Inc.

2120 W. Clybourn Street
Milwaukee, WI 53233

Associated Bank

10086

VOID CHECK AFTER 90 DAYS

79-57759

**** THREE HUNDRED FIFTEEN AND 00/100 DOLLARS

04/11/2019

\$315.00*****

TO THE
ORDER OF

ABC Sewer & Drain Cleaning Inc
P.O. BOX 07461
Milwaukee, WI 53207

NON-NEGOTIABLE



THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE. RED IMAGE DISAPPEARS WITH HEAT.



PO Box 07461
 Milwaukee, WI 53207
 Phone : 414-744-6060
 www.ABCsewer.com
 bill@ABCsewer.com

255919

INVOICE

Date: 3-10-19

BILL TO

Blankstein

Overtime

DESCRIPTION

7726 w beecher

1 hr steel in to 1 stack

Done 3-19-19

IPHA AND REPORT TO

TRAVERS

Deno

1200
 1200
 1200

OTHER COMMENTS

1. Total payment due in 30 days
2. Please include the invoice number on your check.

TOTAL

\$ 1315

P407818

If you have any questions about this invoice, please contact
 Tammy Hammond, 414-744-6060, tammy@ABCsewer.com

Thank you for your business!