

## **CLAIMANT CONTACT INFORMATION**

Name:	Rebecca A Schimp	Phone:	: 414-745-0584	
Address:	2707 S 109th Strees	Email:	rebeccaschimp@yahoo.com	
	West Allis Wisc 53227		9	
<u>INSTRUCTIONS</u>				
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	assist you.			
NOTICE OF CLAIM				
Data of in	aidant: 44/05/2022		Time of day: <u>01:30</u>	
Date of incident: 11/05/2022 Location: 2707 S 109th Street. West Allis Wisc. 53227			Time of day. 01.30	
Location. 2707 5 Tugin Street. West Ailis Wisc. 53227				
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.				
A tree on 109th street large branch cracked and fell on the top and side of my house. I contacted the city through				
the web site and also by phone to inform them of the incident . No one has contacted me yet. My insurance company				
was called as well.				
The Police department came to look at the tree and informed the city but still no contact from anyone. On				
September 7th 2022. a large branch from the same tree fell and landed in the street. We contacted the city and it				
took several days to have the debri removed .This tree has been dropping large branches since I moved in. It was				
only a matter of time before this happen and could have been prevented if it would have been taken down in				
september.				
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:	Signed:     Date: 11/05/2022			
<u>CLAIM AMOUNT</u>				
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: \$				
Participation of the Control of the				
SAV	E PRINT			

CITY OF WEST ALLIS 23 NOV '22 PM1:17

