

SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant: BC Management LLC

Date: 4.26.18

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

RECEIVED

APR 26 2018

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: BC Management LLC Incident/Accident Information
Address: 3717 N. 76 ST Date: 3-30-18 4-4-18
Milwaukee WI 53222 Time:
Phone: 414-745-3880 Place: 1612 S. 88 ST
West 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.

See attachment and photoes

Signed: _____ Date: _____

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: \$ 10,009.50 (Please attach an itemized statement of damages sought including at least 2 estimates for repairs.)

Signed: [Signature] Date: 4-17-18
Address: 3717 N. 76 ST
Milwaukee WI 53222

On March 30th we hired ABC Sewer Clean Company to clean out a clog in the sewer. After 3 hours we were informed that in 80 or 90 feet something inside prevented the clog from being cleaned so we hired the Badger Underground Repair Company. They got a permit from the city of West Allis. They dig the same hole as the city used for repairs the same sewer before in the street. They discovered the city repair was wrong. One pipe just forced into another without using a connector so all the gravel was packed into the pipe causing the clog. We did all the repair necessary, the city should response the expensive to reimburse our cost.

LENNY CHU

414-745-3880

BADGER UNDERGROUND INC.

N59 W14604 Bobolink Ave.

Menomonee Falls, WI 53051

(262) 502 - 1220

Contractors Invoice

WORK PERFORMED AT:

TO: BC Management LLC
3717 N. 76ST
Milwaukee WI 53222

1612 S. 88ST
West Allis WI

DATE: 4-11-18

YOUR WORK ORDER NO. 18-64

YOUR BIDS NO.

DESCRIPTION OF WORK PERFORMED

Repair sanitary sewer	
4-4-18 11 hrs \$565.00 per hr.	\$ 6,215.00
4-5-18 1.5 hrs at \$565 per hr.	\$ 847.50
8' - sch 35 pipe	32.00
1 - 6" Clay to CI Fernco	86.00
1 - CI. to CI Fernco	79.00
Sewer jetting	485.00
5 yd Stone at \$38.00 per yd	190.00
4 - loads dump	380.00
locating Fee	385.00
15 yd Slurry backfill	1,170.00
Permit fee	80.00

Paid in full
Total \$9,949.50
JH P 4-11-18

Balance due 9,949.50

All Material is guaranteed to be as specified, and the above work was performed in accordance with the drawings and specifications provided for the above work and was completed in a substantial workmanlike manner for the agreed sum of _____ Dollars (\$ _____).

This is a Partial Full invoice due and payable by: _____
in accordance with our Agreement Proposal No. _____ Dated _____
Month _____ Day _____ Year _____



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

245151

INVOICE

Date: 3/30/18

BILL TO

BC Management

DESCRIPTION

1612 S 88

3 hours

Service charge - can't open sewer
packed with wipes, dead stop ~~Ⓟ~~

OTHER COMMENTS

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

TOTAL \$ 60

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

Thank you for your business!

