



CLAIMANT CONTACT INFORMATION

Name: Bruce J. & Luanne M. Landgraf  
Address: 12232 West Holt Avenue  
West Allis, WI 53227

Phone: 414 491 4212  
Email: brucelandgraf@outlook.com

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: April 15, 2024 Time of day: 16:00  
Location: 12232 West Holt Avenue, West Allis, WI 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.

As described more fully in the attached document, having marked a massive, leaning oak tree for removal from city property on or about February 1, 2024, the city failed to timely remove or otherwise secure the leaning tree. This resulted in the oak tree toppling down on a windless day, April 15, 2024, at about 4:00 p.m. The tree fall crushed a chain link fence on the property. The tree fall caused damage to the landscaping, including the loss of trees and other foliage that served as a privacy screen along the northern edge of the property. Further, the subsequent tree removal by the city's agent, Hoppe Tree Service, also caused damage to the landscaping and to a separate section of the fence. A claim in the amount of \$8,735 is hereby made for replacement of the fence and for landscape restoration and repair.

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: *Bruce J. Landgraf* *Luanne Landgraf* Date: 7-30-2024

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: \$ 8,735.00

SAVE

PRINT

CITY OF WEST ALLIS  
30 JUL 24 PM 3:35