

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.

RECEIVED

NOTICE OF CLAIM

APR 25 2018

CITY OF WEST ALLIS CITY CLERK

Name: Jessica Lee Incident/Accident Information
Address: 702 S. 104 St. Date: 4/24/18
West Allis WI 53214 Time: 11:30 pm
Phone: 414-899-9093 Place: 702 S. 104 St
Reberkeah Lee - Mother's phone West Allis WI 53214

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.

Last Night An officer lost my cell phone, escorting me to The mental Health Complex. went to West Allis Police Dept. and spoke to Sergeant Rick of lowski phone # 414-302-8130 about this and he told me to file it with city hall. He asked for you to call him with details on this matter.

Signed: [Signature] Date: 4/25/18
Phone: HTC Desire 626 Walmart \$119.99

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: \$ 100 (Please attach an itemized statement of damages sought including at least 2 estimates for repairs.)

Signed: [Signature] Date: 4/25/18
Address: 702 S. 104 St West Allis WI 53214