CLAIMANT CONTACT INFORMATION



Name: Mary Thomas Address: 849 Young Bend Rd Weatherford, TX 76087	Phone: 817 487-8217 Email: nb+1801@ yahoo.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: 9/9/23 Location: 9218 W. Lincoln Avenue	Time of day: Around lefm
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.	
The sidewal	K in front of 9218 W. Lincoln Ave
I I I I I I I I I I I I I I I I I I I	ssion next to the sidewalk and
when I stepped in a hole/depression next to the sidewalk and fell and broke my left humerus bone near my shoulder (alosed) fell and broke my left humerus bone near my shoulder (alosed)	
fracture of proximal lett numeros, the right foot. In the	
following days or weeks I noticed that most sidewalks	
following days of weeks I noticed that had the ground meeting evenly at the edge of the had the ground meeting evenly at the edge of the	
cement. Que was with me when I tell. The	
had the ground meeting eventy when I fell. She left cement. My sister, Susan Palomo, was with me when I fell. She left I was ok to get her car and the neighbors ran out to see it I was ok to get her car and told me to move away from the road. I think they	
to get her car and the to make and from the road I thank the	
The at 7004 W. Lincolli	Ave.
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: Mary Thomas	Date:
U <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: \$	RECEIVED
	NOV 1 4 2023
SAVE	CITY OF WEST ALLIS
	CITA PETITION