

SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant: Denise Maultra

Date: 6/20/19

In-person

Process Server

Claimant

Other _____

By mail

By email

By fax

Received by: Stemanski

➤ 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

JUN 20 2019

CITY OF WEST ALLIS
CITY CLERK

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.

NOTICE OF CLAIM

Name: <u>Denise Maultra</u>	Incident/Accident Information
Address: <u>1356-58 S. 58th St.</u>	Date: <u>6/6/2019</u>
<u>WESTALLIS, WI 53214</u>	Time: <u>a.m. (WHENEVER GARBAGE WAS COLLECTED)</u>
Phone: <u>(414) 810-8774</u>	Place: <u>1356-58 S. 58th St.</u>

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.

City garbage truck was in the alley behind our home collecting trash when a hydraulic hose blew on the truck. It covered our garage, back yard, truck patio, grill, two new hydrangea plants & lawn chairs.

Signed: Denise Maultra Date: 6/11/2019

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

Signed: _____ Date: _____
Address: _____