CLAIMANT CONTACT INFORMATION

Name: JEFFLEY COTTREC Phone: JLZ-LAZ-4933 Address: J037 5. 147 577827 Email: JEFCTTO NO. COM INSTRUCTIONS Complete this form 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: 24ean age Time of day: Au DAY-Several Location: 1037-39 5.74th STREET
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. Lawred extend of the incident of the circumstances.
foundation of Grange reding During Hamolition and
Construction of an eight family (develing on the
My sidewalk was used by Tennets in eight family and
To support Upper gangway on eight family
I talk to Contractor (New Berlin Construction To Ro did
the down and the Rivilder of new single family home
both of witch they feel the not their responsability
Engineering Dest. They sent Me to Housing Inspector (Rob)
He sent Me to District stoney Delico. They sent Mo
To Clark for this form to sebuit. Do I need written Estamates to Continue this Claim
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: Date: 2-28-22
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: \$

- Responsibility