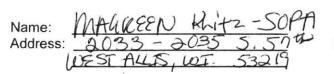
2022-0972



CLAIMANT CONTACT INFORMATION



(414) 476-8196 Phone: (414) 321-7858 Email:

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.

Date of incident: 9/20/22 Time of day: 9/15 - 9/30 A.M. Location: 2033 - 2035 A. 57 THESDAY

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.

MICHAEL RUSHMER - WAS THEIR + TOOR PICTURES. THE TREE IN FRONT OF HOUSE FELL ON HOUSE & DID DAMAGE TO ROOF & GUTTERS, TY WORKERS WHERE THEIR FOR E STREET. CONTACTED THE ROOFER FOR DAMAGES. THE STREET.

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: CLAIM AMOUNT

Date: _____201

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: \$ _____



PRINT