

2022-0972



CLAIMANT CONTACT INFORMATION

Name: MAUREEN KLITZ-SOPA Phone: (414) 476-8796
 Address: 2033 - 2035 S. 57th Email: (414) 321-7858
WEST ALLIS, WI. 53219

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: 9/20/22 Time of day: 9:15 - 9:30 A.M
 Location: 2033 - 2035 S. 57th TUESDAY

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
 + TOOK PICTURES.
 THE TREE IN FRONT OF HOUSE
 FELL ON HOUSE + DID DAMAGE
 TO ROOF + GUTTERS.
 CITY WORKERS WERE THEIR FOR
 THE STREET.
 I CONTACTED THE ROOFER FOR DAMAGES.

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: Maureen Klitz-Sopa Date: 9/20/22

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: \$ _____

SAVE

PRINT