# **CITY OF WEST ALLIS**

DEC 1 2 2016

## **NOTICE OF CLAIM**

CITY OF WEST ALLIS CITY CLERK

Name:	Thomas and Nancy Hart	Incident/	Accident Information
Address:	2545 S 95th Street	Date:	November 23, 2016
	West Allis, WI 53227	Time:	afternoon
Phone:	414-541-9354	Place:	basement of home
	<u>CIRCUMS</u>	TANCES OF CL	AIM
In the space	e below briefly describe the circumst	ances of your clain	1. (Attach additional sheets, if
necessary).	. Some helpful information may be the	ne police report, pi	ctures of the incident or damage, a
diagram of	the location, a list of injuries, a list o	f property damage,	names and contact information for
witnesses t	to the incident, and any other information	tion relevant to the	circumstances.
On the day	y before Thanksgiving the City of West Allis	was doing repair worl	k on the water pipes to the south of our
house. I w	vas watching all the fire hydrants open, lots	of water going down of	our street, while city workers were sweeping
water for 3	3-4 hours. They were cleaning muddy wate	r that was very thick in	the curbs of our street. Very much to my
surprise, v	when going in our basement, we found it flo	oded with the same m	uddy water as outside.
As time we	ent on, we found that 2 other families, the C	arr family and the Aig	ner family also got flooding in their basement.
The mudd	ly water in our basement had to be extracte	d, items moved to cle	an the floor, and when dry, items went back in
their plac	e in the basement. I did report the flood to	a city worker in the str	eet. He sent someone to inspect the damage
and flooding	ng in our basement. Servpro fixed the dame	age due to the water i	n the street flooding our basement.
~	011 1 1 2	1 12 1	
Signed:	ancy Offart & Chonox	Date: [	December 9, 2016
		CLAIM	
			As long as you have filed the above
No	stice of Claim you may file a claim w	ith the City of Wes	t Allis at any time consistent with the
app	plicable statute of limitations. However	er, no action will l	be taken by the City of West Allis to
for	mally accept or deny your claim unti	the following info	ormation is provided:
The unders	sioned hereby makes a claim against t	he City of West A	lis of arising out of the circumstances
described a			
The amoun	nt sought is: \$ 2,024.58	_ (Please attach an	itemized statement of damages sought
including a	at least 2 estimates for repairs.)		
Signed: 7	anoy Start & Thomas	1-76rt Date: D	ecember 9, 2016
Address: _	2545 S 95th Street	U	
_	West Allis, WI 53227		
iched:	_		



## SERVPRO Servpro of Milwaukee North #9117 & NE Waukesha County #9989

N92W15600 Megal Dr Menomonee Falls, WI 53051 Phone: (262) 250-1101 Fax: (262) 250-1107 www.servproofmilwaukeenorth.com

Tax ID# 83-0385895

#### **HART-TOM**

#### Job

DESCRIPTION	QTY	UNIT PRICE	TOTAL
1. Emergency service call - after business hours	1.00 EA @	162.68 =	162.68
2. Equipment setup, take down, and monitoring (hourly charge)	2.00 HR @	38.76 =	77.52
Note: .5 hours to setup equipment, .5 hours to remove equipment and 1 hour of monitoring			

#### **Main Level**

Basement			Height: 8'
DESCRIPTION	QTY	UNIT PRICE	TOTAL
3. Content Manipulation charge - per hour	10.00 HR @	33.83 =	338.30
Note: 4 techs 2.5 hours of content manipulation to provide floor cleaning			
4. Cleaning - Remediation Technician - per hour	4.00 HR @	38.76 =	155.04
Note: 4 techs for 1 hour of content cleaning			
5. Water extraction from hard surface floor - after bus. hrs	777.99 SF @	0.30 =	233.40
6. Clean the floor with pressure steam	777.99 SF @	0.67 =	521.25
7. Apply anti-microbial agent	777.99 SF @	0.18 =	140.04
8. Dehumidifier (per 24 hour period) - XLarge - No monitoring	1.00 EA @	114.72 =	114.72
Note: 1 dehumidifier for 1 day			

### **Grand Total Areas:**

1,237.58	SF Walls	813.24	SF Ceiling	2,050.82	SF Walls and Ceiling
842.87	SF Floor	93.65	SY Flooring	146.23	LF Floor Perimeter
0.00	SF Long Wall	0.00	SF Short Wall	141.16	LF Ceil. Perimeter
842.87	Floor Area	861.96	Total Area	941.25	Interior Wall Area
1,082.91	Exterior Wall Area	120.32	Exterior Perimeter of Walls		
0.00	Surface Area	0.00	Number of Squares	0.00	Total Perimeter Length
0.00	Total Ridge Length	0.00	Total Hip Length		



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# **Summary for Dwelling**

Line Item Total	1,742.95
Service Sales Tax	78.65
Replacement Cost Value	\$1,821.60
Net Claim	\$1,821.60







