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 <u>not</u> guarantee compliance with statutory procedure. City employees, including the City Attorney's Office, <u>cannot</u> 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.

FEB 2 2 2018

CITY OF WEST ALLIS CITY CLERK

			NOTICE			FEB
Name:	Ryan	Cire	se		Incident/Accident Informa	cl
Address:	845	2 W	Maple S	j	Date: 2/18/2018	
	West	- Allis,	WI 53214	,	Time: 4;00 pm	
Phone:	715	- 891 - 5	904		Incident/Accident Informa Date: 2/18/2018 Time: 4:00 pm Place: Corner of	92nd & Laphan
			CIRCUMSTA			
In the space	ce below	briefly descri	e the circumstance	ces of	your claim. (Attach addition	onal sheets, if
					e report, pictures of the incid	
					ty damage, names and conta	
					vant to the circumstances.	
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to	urabi	1 097	1 2 1	<u> </u>	he fire and 1	+ needed
10	1001	replaced	. Drough	h	vehicle to U	prown Ford
41	/VI®100	y nor	ning and	The:	replaced the t	Tre during
The w	eek.	Lonfuc 1	les Upi	tow	hand turn nd my front pothole and he tire and is vehicle to U replaced the t n Ford is 41	4-111-9000
Signed: Z	Zm	<u></u>			Date: 2/22/2018	
	1111111				######################################	
NOTE:	You are r	not required to		LAIN this ti	ne. As long as you have file	ed the shove Notice
					lis at any time consistent with	
					by the City of West Allis to	
			ing information is			o formally accept or
deny your	i Ciaini ui	itii tile itiliow	ing information is	prov	ided.	
					of West Allis of arising out	
described	above. T	he amount sou	ight is: \$ 375 .	. 7	7 (Please attach an	itemized statement
			east 2 estimates fo			
Signed:	B	6	_		Date: 2/22/2018	
Address S	9452	W Mark	<u>. </u>		Date 12.27 2010	
Nuuress.	west	Allis, W	1 53214		Date: 2/22/2018	

WEST ALLIS, WI 53214

RYAN CIRESE 8452 W MAPLE ST

HOME:

BUS:

388208





INVOICE

PAGE 2

CELEBRATING 65 YEARS IN BUSINESS

2111 N. MAYFAIR ROAD - P.O. BOX 26319 MILWAUKEE, WIS. 53226

PHONE: (414) 771-9000

NET

12.00

2.50

335.00

OFFI CO					
SERVICE	ADVISOR:	2005	NAN TOT TAT	~	
<u> </u>	ADVISOR:	2995	MARLIN	('	HOOD
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CULOR YEAR	MAKE/MO	DEL	VIN	1105105			
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19FEB18

<u>11:22 22FEB18</u> LINE OPCODE TECH TYPE HOURS

C** MOUNT & BALANCE 1 TIRE

MT1 MOUNT & BALANCE 1 TIRE

1206 TIMMERS, LEE M LIC#: 653 CF

1 9003*005289* 235/40R19XL 1 TD TIRE DISPOSAL FEE 1 *1008* VALVE/STEM FOVY1700A 4 *WW10* WHEEL WGT INV49363PO32743 343.85 LABOR:

CONT: 715-891-5904

CELL: 715-891-5904

1.95 1.10 1.10 0.00 TOTAL LINE C:

335.00

2.50

1.95

LIST

4.40 355.85

TOTAL

12.00

2.50

1.95

335.00

EST: 370.00

PARTS:

19FEB18 09:47 SA: 2995

12.00

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THANK YOU

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STATEMENT OF DISCLAIMER STATEMENT OF DISCLAIMER
The factory warranty constitutes all
of the warranties with respect to
the sale of this item/items. The
Seller hereby expressly disclaims all
warranties either express or
implied, including any implied
warranty of merchantability or
fitness for a particular purpose.
Seller neither assumes nor
authorizes any other person to
assume for it any liability in
connection with the sale of this
item/items.

CUSTOMER SIGNATURE

_	ECONOMISSION CONTRACTOR CONTRACTO		
	DESCRIPTION	TOTALS	-
	LABOR AMOUNT	12.00	_
	PARTS AMOUNT	343.85	_
	GAS, OIL, LUBE	0.00	_
	SUBLET AMOUNT	0.00	_
	MISC. CHARGES	0.00	_
	TOTAL CHARGES	355.85	_
	LESS INSURANCE	0.00	_
4	SALES TAX	19.92	_
	PLEASE PAY THIS AMOUNT	375.77	3
_			