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

NOTIO	CE OF CLAIM	MAR 26 2019
Name: Stacey Medved	Incident/Accident Information	CITY OF WEST ALLIS
Address: 7/13 W. Octoit 1	O. Date: 1//30//	9
West Mis, wi	Time: 54.21	
Phone: 4/4-533-3700	Place:	Beloit Rd.
CIPCING	AAA KOODO AAAA	
In the space below briefly describe the	ANCES OF CLAIM	
In the space below briefly describe the circumstancessary). Some helpful information	ances of your claim. (Attach additional	sheets, if
necessary). Some helpful information may be the	e 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 i	nformation for
witnesses to the incident, and any other informati	ion relevant to the circumstances.	
All officer gave me a c	outery Conveyance	and
accidentally left my pur	se on the roof of	the squad
wha arove off. Im Sok	ing reimburgment	For hea
prove, Changing Wall out	lot DIRK other box	phone
ike Tommy Hilfiger	funse and Miscell	GMEQUE
THOOD LUCK his make-	y medications for	1154
waller, etc.		
1/		
Signed: May Bedurd	Date:	
		111111111111111111111111111111111111111
	LAIM	
NOTE : You are not required to make a claim at of Claim you may file a claim with the City of New York	this time. As long as you have filed th	e above Notice
of Claim you may file a claim with the City of We statute of limitations. However, no activities	est Allis at any time consistent with the	e applicable
statute of limitations. However, no action will be	taken by the City of West Allis to form	nally accept or
deny your claim until the following information is		
The undersigned hereby makes a claim against the	City of West Allis of arising out of the	Oirgumatan
acsorbed above. The amount sought is: \$496	(Please attach an item	ized statement
of damages sought including at least 2 estimates for	or repairs.)	ized statement
X /		
Signed: Focas Redurd	Date:	
Address: 7/1/2 W. Delost Rd.		
Address: That w. Belost Rb. West Allig, WI 5373	19	

flore 175.00

funde 75.00

Otten Box 42.90

Jercen quand 50.00

for Jooket 10.55

Wallet 30.00

Make-up 35.00

Inush 4.00

Medications 20.00

442,245