SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant: And Lushi
Date: 5-8-19
☐ In-person
Process Server
Claimant
Other
☐ By mail
☐ By email
☐ By fax
Received by:
 ▶ Hand deliver to: Ann Marie □ or Janel □ ▶ Forwarded to Attorney's Office by Ann Marie or Janel ▶ Response from Attorney's Office □
Common Council Agenda: Yes No No

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.

NOTICE OF CLAIM

W. Allis

Name:	Andi Lich		T
	Arran WSM		Incident/Accident Information
Address:	2120 W. Clybort	n St	Date: 3 · 8 · 19
	Milliance W	<u></u>	Time: Att Kours.
Phone:	414 687 7990	-)	Place: 7726 W Becher ST
	CIDA	CHACTANCE	S OF CLARA
In the ana		CUMSTANCE	
			your claim. (Attach additional sheets, if
			report, pictures of the incident or damage, a
			y damage, names and contact information for
witnesses	to the incident, and any other	information relev	vant to the circumstances.
West	Allos sower hin	e dames	del building lives and
Conus	r Ili	eenses	Lo our bichess.
			000000000000000000000000000000000000000
Pleas	e se altade	od Invol	ces from contractors
1	Sored	00 2001	COTTYTACTORS
		<u>. </u>	
Signed:	11.6		F . 7 (0)
			Date:5
		<u>C</u> LAIM	
NOTE:	You are not required to make a	a claim at this tin	ne. As long as you have filed the above Notice
			is at any time consistent with the applicable
			by the City of West Allis to formally accept or
	claim until the following info		
		_	
The under	signed hereby makes a claim a	against the City o	of West Allis of arising out of the circumstances
described a	above. The amount sought is:	\$ 315.00	(Please attach an itemized statement
of damage	s sought including at least 2 ea	stimates for repa	irs.)
	11//	1	5 D is
Signed:			Date: 5 8. 19
Address: _	2120 W. C/Y	LOUIM SA	Date: 5-8.19 Milwowkee WI
	V		

Becher Apartments, Inc.

7726 W. Becher Street #5 West Allis, WI 53219

> Corporate/Mailing address 2120 W. Clybourn Street Milwaukee, WI 53233 Ph: (414) 342-2120 Fax: (414) 342-9077

Customer:

City of West Allis

Sanitation and Street Division

6300 W. McGeoch Ave. West Allis, WI 53219

Date	Description		Charge	
3/10/2019	Sewer/ 3 Stack cleaning due to sewer main break	\$	315.00	
44 p Ma (40 m m m m m m m m m m m m m m m m m m				
Leminder: Please include	the invoice number on your check.			
erms: Balance due in 30 (days.			
		\$	315.00	

Invoice

Invoice: 1

Date: April 23, 2019

PAYLE: ABC Sewer & Drain Cleaning Inc(abcsew)

Property Account

be7726

7650-3000

Invoice - Date

255919 - 03/10/2019

Description

Bldg

Amount

315.00

315.00

Becher Apartments, Inc.

2120 W. Clybourn Street Milwaukee, VVI 53233

Associated Bank

10086

VOID CHECK AFTER 90 DAYS

**** THREE HUNDRED FIFTEEN AND 00/100 DOLLARS

ORDER OF

ABC Sewer & Drain Cleaning Inc P.O. BOX 07461 Milwaukee, WI

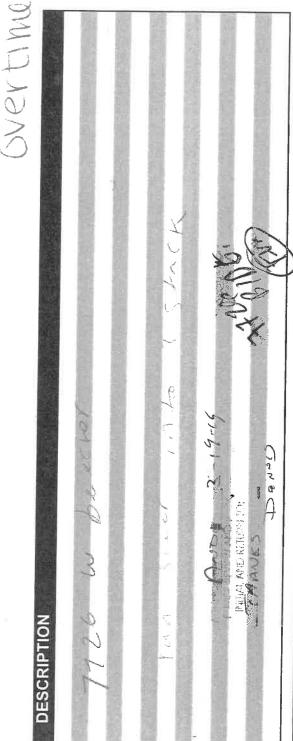


www.ABCsewer.com bill@ABC sewer.com

INVOICE

BILL TO

Slankstein



OTHER COMMENTS

- 1. Total payment due in 30 days
- 2. Please include the invoice number on your check.

DYOPER

TOTAL \$

If you have any questions about this invoice, please contact Tammy Hammond, 414-744-6060, tammy@ABCsewer.com

Thank you for your business!