JAN 3 0 2020

CITY OF WEST ALLIS CITY CLERK

## **CLAIMANT CONTACT INFORMATION**



Name: 504 Stadwey Address: 7971 So 70 W/A 53219	Phone: 414 690 1570 Email: Guy Stapheyl & GMAIL
Complete this form, print and sign it, and serve a you have questions about how to fill out this form assist you.	hard copy upon the West Allis City Clerk. If n, please contact a private attorney who can
Date of incident: 1-18-20 Location: 1971 50 70	Time of day:
Describe the circumstances of your claim here. You Some helpful information may be the police repdiagram of the location, a list of injuries, a list information for witnesses to the incident, and circumstances.	ort, pictures of the incident or damage, a of property damage, names and contact any other information relevant to the
CAR.	e Side of My Wifes
A Police officer was Charles Clark, Patrol	CAlleo Officer
Check one:  I am seeking damages at this time (complete of the complete	damages. This claim is not complete and damages on a later date.
Signed: Stading CLAIM AMOU  To complete this claim, attach an itemized statement for repair to property, include at least 2 estimates for re-	or damages sought. If any damages are epairs.
The total amount sought is: \$ 1+Au 2 @	
SAVE PRINT	

**PRINT**