CLAIMANT CONTACT INFORMATION

Name: Kylc Ehlert Address: 1100 5 634h	Phone: 414 377-585 Email: 10/62 dogg 4 @ Frail
Complete this form, print and sign it, and se you have questions about how to fill out thi assist you. NOTIC	RUCTIONS erve a hard copy upon the West Allis City Clerk. If s form, please contact a private attorney who can E OF CLAIM
Date of incident: 12/19/19 Location: (100 5 65 fg	Time of day: NOON
diagram of the location, a list of injuries, information for witnesses to the incident circumstances.	ere. You may attach additional sheets or exhibits. the report, pictures of the incident or damage, at a list of property damage, names and contact and any other information relevant to the
City Cutting down + Coused damage. To 5:	dely and figes
j.	ach drive un Ottomara 211
	ach drive un Ottomers Office
Check one: I am seeking damages at this time (complete Claim Amount section below) I am submitting this notice without a claim for damages. This claim is not complete and will not be processed until I submit a claim for damages on a later date.	
Signed:	Date: 7/7/20
To complete this claim, attach an itemized state for repair to property, include at least 2 estimates	AMOUNT ment of damages sought. If any damages are so for repairs.
The total amount sought is: \$	
SAVE	JUL 06 2020
	RECEIVED