## **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.

	NOTICE		RECE
	NOTICE OF CLAIM		FEB 2
Name: Address: Phone:	Debora Comea 5520 N 34Hh St Milwartige ut 528 4144056769	Incident/Accident Information  Date: 19721  Time: +5+ 2:40AN  Place: 108th + granf	CITY ATTOR
	CIRCUMSTAN	CES OF CLAIM	
In the spa	ce below briefly describe the circumstance	s of your claim. (Attach additional sheet	s, if
necessary	). Some helpful information may be the po	plice report, pictures of the incident or date	mage, a
diagram o	of the location, a list of injuries, a list of pro	perty damage, names and contact inform	ation for
witnesses	to the incident, and any other information	relevant to the circumstances.	
I wed	ous wrongfully arrest 1. I want to be r - Please See A	reimbussed for the -	<del>-</del>
	Jan com	Press 2 1/2 (2)	
			1111111111
	CLA	AIM	
NOTE:	You are not required to make a claim at the	is time. As long as you have filed the ab-	ove Notice
of Claim	you may file a claim with the City of West	t Allis at any time consistent with the app	olicable
statute o	f limitations. However, no action will be ta	aken by the City of West Allis to formally	y accept or
deny you	or claim until the following information is p	provided:	
described of damag	ersigned hereby makes a claim against the Collabore. The amount sought is: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(Please attach an itemized repairs.)	
Signed:	Octor con	Date: 7-17-17-1	

**Details of Complaint** 

## **Filing of False Reports**

Pursuant to Wis. Stats. Section 946.66(2), whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture.

Signature

Complainant Signature: Osfor come

"DAMAGE FREE" TOWING

## N & S TOWING, INC. 1719 So. 83rd Street • West Allis, WI 53214

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476-8697 • Fax 476-7828 -- 24 HOUR ROAD SERVICE-

N&S Towing Inc 1719 S 83rd St

1719 S 93rd St 414.475-8897 39300981666080	##DEBIT  APPR YOU!  ADEBIT  AD	? COPY
2 12	TO KUT 1930C (509445 MILEAGE  EDECT C CONTROL OF 108 6 STEPLY  FINANCE CHARGES  FOR STOWING responsible for damages done to my vehicle of STORAGE   11919 Wish in the storage of the proven and also   AUTHORIZATION # 174R  MAGES billing policy if credit voucher C C C C C C C C C C C C C C C C C C C	CLASTOMER C3-CS X 32 CUSTOMER COPY