

CITY OF SOUTH MILWAUKEE

NOTICE OF CLAIM

Name: _____ Incident/Accident Information:
Address: _____ Date: _____
_____ Time: _____
Phone: _____ Place: _____

CIRCUMSTANCES OF CLAIM

In the space below briefly describe the circumstances of your claim. (Attach additional sheets, if necessary.) For auto damages, attach a copy of the police report, if any, and attach a diagram of the accident scene including north, south, east or west corners if the accident occurred at an intersection. For personal injury, indicate nature of injury and whether or not medical attention was given. Please provide the name of the physician, and copies of any photos. Also provide any witnesses to the incident/accident.

The money damages being sought are: \$ _____ *

The undersigned hereby makes a claim against the City, arising out of the circumstances described above.

Signed: _____ Date: _____

**** For property damage claims you must obtain a minimum of two estimates***

Return to: City of South Milwaukee 2424 15th Avenue, South Milwaukee, WI 53172
Phone: 414-762-2222 Fax: 414-762-3272