

CITY OF MENASHA CLAIM FORM
NOTICE OF CIRCUMSTANCES (§893.80(1d)(a) Wis. Stats.)

NAME _____ TELEPHONE NUMBER _____

ADDRESS _____ (Street)
OF CLAIMANT _____ (City, State, Zip Code)

EMAIL (optional): _____

CIRCUMSTANCES OF CLAIM: On the reverse side, **describe the circumstances of your claim** and attach additional sheets if necessary (who, what, where, when and how). For auto/property damages, attach a copy of the police report, if any; and a diagram of the accident scene including north, south, east or west. For personal injury, indicate the nature of the injury; if medical attention was given, the name of the physician/immediate care/hospital. List the names and addresses of any witnesses to the incident/accident. Give details.

Incident/Accident Information:

Date _____ Place _____

Time _____

(Circumstances of claim and witnesses on reverse)

Signed _____ Date _____

.....
CLAIM FORM (§893.80(1d)(b) Wis. Stats.)

After filing a Notice of Circumstances of claim with the City of Menasha you must also file a claim **itemizing** the relief sought (what you want from the City or do not want the City do to). You may file a claim at any time consistent with the applicable statute of limitations. Provide copies of any bills supporting the amount of the claim. For claims involving auto/truck/property damage, please attach two estimates. If the relief sought is non-monetary be as detailed and/or descriptive as possible.

The person signing below makes a claim against the City of Menasha arising out of the circumstances above-described. The claim is for relief in the form of money damages as indicated below, and non-monetary relief as follows: _____

Auto/truck	\$ _____	Personal Injury	\$ _____
Property:	\$ _____	Other (specify)	\$ _____

Signed: _____ Date _____

Address: _____ (Street)
_____ (City, State, Zip Code)

