

CITY OF MENASHA CLAIM FORM
NOTICE OF CIRCUMSTANCES (§893.80(1)(a))

NAME _____ TELEPHONE NO. _____

ADDRESS _____ (street)
_____ (city, state, zip code)

CIRCUMSTANCES OF CLAIM: On the reverse side, describe the circumstances of your claim (attach additional sheets if necessary). For auto/property damages attach a copy of 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. The more specific the information, the easier the processing will be.

Incident/Accident Information:

Date _____ Place: _____
Time _____

(Circumstances of claim and witnesses on reverse)

Signed: _____ Date: _____

CLAIM FORM (§893.80(1)(b))

You are not required to make a claim at this time. As long as you have completed and filed the above Notice of Circumstances of claim with the City of Menasha, you may file a claim against the City of Menasha at any time consistent with the applicable statute of limitations. **In order for the City of Menasha to formally accept or disallow your claim at this time, you must complete and sign the form below.** Please provide copies of any bills supporting the amount of the claim. For claims involving auto/truck/property damage, please attach two estimates.

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

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

Signed: _____ Date: _____

Address: _____ (street)
_____ (city, state, zip code)

