

CITY OF NEENAH

NOTICE OF CLAIM

Name: _____

Incident/Accident Information

Address: _____

Date: _____

Phone: _____

Time: _____

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 police report, if any. Attach two estimates for repairs. For personal injury indicate nature of injury and whether or not medical attention was given and give the name of the physician. Also identify any witnesses to the incident/accident.

Signed: _____

Date: _____

CLAIM

(Note: You are not required to make a claim at this time. As long as you have filed the above Notice of Claim you may file a claim with the City at any time consistent with the applicable statutes of limitations. However, in order for the City to formally accept or deny your claim at this time, the following claim must be completed and signed.)

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

To process this claim it is necessary to detail money damages being sought.

Signed: _____

Date: _____

Address: _____

Amount of Claim: _____
(Attach supporting documentation)

Date Filed With Clerk's Office: _____