

**CITY OF NEENAH
NOTICE OF CLAIM**

Name: _____
Address: _____
Phone: _____

Incident/Accident Information
Date: _____
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, along with two repair estimates. For personal injury, indicate nature of injury and whether or not medical attention was given along with attending physician name. Also identify any witnesses, name and contact information, 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)

**Mail Notice of Claim with supporting documentation to:
Neenah City Clerk's Office, PO Box 426, Neenah, WI 54957-0426**

Date Filed With Clerk's Office: _____