

# CITY OF APPLETON - NOTICE OF CLAIM/INJURY

Name: \_\_\_\_\_  
(Name and address must be completed or Notice of Claim will not be accepted)

Address: \_\_\_\_\_ email address: \_\_\_\_\_

By checking this box, the City of Appleton is authorized to communicate with me electronically Except where otherwise required by law.

Telephone: (\_\_\_\_\_) \_\_\_\_\_

\*\*\*\*\*

## Incident /Accident Information

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Place: \_\_\_\_\_  
(Be specific, please)

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## 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 directional notation. For personal injury, indicate the nature of the injury and whether or not medical attention was given and provide the name(s) of the physician(s) and hospital. Also identify any witnesses to the incident/accident.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## CLAIM

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

The undersigned hereby makes a claim against the City of Appleton in the amount of \$\_\_\_\_\_ arising out of the circumstances described above. To process this claim it is necessary to detail money damages being sought.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Should you have any questions or require assistance - Call (920) 832-6300

*REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST AND IF FEASIBLE.*

**Return form to: Office of the City Clerk  
100 North Appleton Street  
Appleton, WI 54911-4799**