

CITY OF APPLETON – NOTICE OF CLAIM/INJURY

PLEASE PRINT

Name: _____
Name and address MUST be completed or Notice of Claim will not be accepted

Email: _____

Address: _____

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

Phone: _____

ACCIDENT/INCIDENT INFORMATION

Date: _____ Time: _____

Place: _____
Please be specific

CIRCUMSTANCES OF CLAIM

In the space below, briefly describe the circumstances of your claim. Attach additional sheets if necessary. Please attach any supporting documentation such as estimates, police reports, pictures of the incident or damage, a diagram of the location, a list of injuries, a list of property damage, names and contact information for witnesses to the incident, witness statements, billing records, etc., and any other information relevant to the circumstances. If this claim is for damage to your vehicle, please include the name of your insurance company and your insurance policy number.

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.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Signature: _____

Date: _____

Should you have any questions or require assistance, call 920-832-6300

REASONABLE ACCOMMODATIONS FOR PERSONS WITH DIABILITIES WILL BE MADE UPON REQUEST AND IF FEASIBLE

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