



City of Hartford

CITY HALL - 109 NORTH MAIN STREET · HARTFORD, WI 53027-1591

NOTICE OF CLAIM

Claimant Name: _____ Date of Accident: _____

Address: _____ Time: _____

Phone: _____ Location: _____

(Home) (Work)

Type of Claim: _____ Auto Damage on City Street _____ Personal Injury
_____ Sewer Backup _____ Property Damage
_____ Other _____

Weather Conditions (Clear/Rainy/Icy/Slippery/Snowy, etc.): _____

It is imperative that you list (for auto damages) the street, and if it is the north, south, east, or west corner. Draw a diagram on the back of this form, showing location.

Was a contractor working in this area? _____

Was a Police Report taken? _____ If so, it must be attached to this claim.

Was any medical attention given? _____ If so, list physician's name: _____

What City Department, if any, did you contact? _____

Who did you speak with? _____

Were there witnesses? _____ If yes, give name(s): _____

CIRCUMSTANCES OF CLAIM

(If additional space is needed, please use reverse side)

PLEASE TURN IN COPIES OF ANY BILLS, ESTIMATES, ACCIDENT REPORTS, ETC. FOR OUR INFORMATION.

If any property or automobile damage is involved, please furnish two estimates with this claim. Return to: City Clerk's Office, City of Hartford, 109 North Main Street, Hartford, WI 53027.

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 statute 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 Hartford in the dollar amount of \$ _____ arising out of the circumstances described above. (To process this claim, it is necessary to support in detail the money damages being sought.)

CLAIMANT SIGNATURE: _____ Date: _____