

CITY OF RHINELANDER



Home of the Hodag

NOTICE OF CLAIM

Name: _____ Incident/Accident Information
Address: _____ Date: _____
_____ Time: _____
Phone: _____ 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, and attach a diagram of the accident scene indicating north, south, east or west corners if the accident occurred at an intersection. For bodily injury, indicate nature of injury and whether or not medical attention was given and give name of 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 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 Rhinelander arising out of the circumstances described above in the amount of \$_____.

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

Signed: _____ Date: _____

Address: _____
