Village Clerk
N112 W17001 Mequon Road
P.O. Box 337
Germantown, Wisconsin 53022-0337
Phone: (262) 250-4700
www.germantownwi.gov

Village of Germantown ...Willkommen

NOTICE OF CLAIM

Name: _____
Address: _____
_____
Phone: _____

Incident/Accident Information
Date: _____
Time: _____
Place: _____

CIRCUMSTANCES OF CLAIM-ADDTIONAL SHEET

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 the name of the physician. Also identify any witnesses to the incident/accident.

Signed: _____ Date: _____