

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



NOTICE OF CLAIM

Name: _____	Incident/Accident Information
Address: _____	Date: _____
Phone: _____	Time: _____
	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 the name of the physician. Also identify any witnesses to the incident/accident.

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

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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 you may file a claim with the Village at any time consistent with the applicable statute of limitations. However, in order for the Village 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 Village of 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: \_\_\_\_\_

Email Address: \_\_\_\_\_