

City of Plymouth
128 Smith St. - P.O. Box 107
Plymouth, WI 53073-0107



Wisconsin's Heartland . . . On the Grow

Telephone: (920) 893-1271
Facsimile: (920) 893-0183
Web Site: plymouthgov.com

NOTICE OF CLAIM

Name: _____
Address: _____
Phone: _____

Incident/Accident Information
Date: _____
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.

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 of Plymouth at any time consistent with the applicable statute of limitations. However, in order for the City of Plymouth 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 Plymouth 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: _____