

CITY OF GREEN BAY
LAW DEPARTMENT
ROOM 200, CITY HALL
100 NORTH JEFFERSON STREET
GREEN BAY, WI 54301

LIABILITY CLAIM INFORMATION

INSTRUCTIONS: Please fill out this form completely, sign, date, and return to the address listed above.

1. Date and Time of Incident: _____

2. Location of Incident: _____

3. Name of Property Owner or Injured Person: _____

(Age if minor: _____)

4. Address: _____

5. Telephone Number: (H) _____ (W) _____

6. Please give a detailed description of the incident (use back of form if necessary).

7. Total Amount of Claimed Damages: \$ _____
(attach itemized statements of bills)

NOTE: If damage is to an automobile, the City requires two estimates to process the claim.

8. Witness name, address, and telephone number:

Date

Signature of Person Filing Claim