



LIABILITY CLAIM FORM

SUMMARY: To file a claim against the City, you must comply with § 893.80(1), Wis. Stats., which says you must file a notice of claim with the City of Green Bay within 120 days of the event from which you claim damages. You may use this form to file your claim.

INSTRUCTIONS: Use the available areas on this form to fill in the requested information. Attach any documents that support your claim including receipts, invoices, estimates, government reports, etc. After you have completely filled in this form, you may file it via email by sending it as an attachment to law@greenbaywi.gov. You may also mail it to or submit it in person to:

City of Green Bay – Claims
100 N. Jefferson Street, Room 200
Green Bay, WI 54301

ATTENTION: Filing a claim against the City does not automatically guarantee reimbursement from the City. Instead, the City examines each claim on an individual basis in determining if reimbursement is legally required. In order to obtain reimbursement for a claim against the City, you must prove that the City or its employees acted unlawfully or negligently. Only the City Attorney or the Common Council and the Mayor can authorize payment of a claim against the City. Any other representations made by City employees are not legally binding on the City.

CLAIMANT CONTACT INFORMATION

Name: _____ Home/Cell Phone Number: _____
Address: _____ Work Phone Number: _____
City: _____ State: _____ Zip: _____ Email Address: _____

CIRCUMSTANCES OF CLAIM AND RELIEF SOUGHT

Date of event: _____ Approximate time of event: _____
Location of event: _____
Circumstances of the event (Please provide specific names, places, times, and facts when possible): _____

Relief sought: \$ _____

ACKNOWLEDGMENT

The above information is complete, true and accurate to the best of my knowledge.

Claimant Signature: _____ Date: _____

(If submitting via email, type your full name on the line above to indicate your electronic signature)

FOR OFFICE USE ONLY

Date claim Rec'd: _____
Date forwarded to dep't: _____
Dep't response date: _____
Claims decision date: _____

Allowed Disallowed No action

If allowed, amount paid: \$ _____

If disallowed, date claimant received notice of disallowance: _____