CITY OF MANITOWOC CLAIM FORM NOTICE OF CIRCUMSTANCES (§893.80(1d)(a) Wis. Stats.)

NAME TRACY VIRNOCHE	TELEPHONE NUMBER 686-1576 HOME
ADDRESS 938 SHOREWOOD BLVD.	(Street) 629-1413 CELL
OF CLAIMANT MANITOWOC, WIT. 54220	(City, State, Zip Code)
EMAIL (optional): virn 5775@sbcglobal, net	<u>t</u>
CIRCUMSTANCES OF CLAIM: On the reverse side, describe sheets if necessary (who, what, where, when and how). For auto/pany; and a diagram of the accident scene including north, south, east injury; if medical attention was given, the name of the physician/imany witnesses to the incident/accident. Give details.	property damages, attach a copy of the police report, if or west. For personal injury, indicate the nature of the
Incident/Accident Information:	APR 18 2018
Date 4/15/2018 Place VIRNO	HE RESIDENCETTY ATTORNEY
Time 3:30 AM 938 5	SHODEWOOD BLYD.
(Circumstances of claim and witnesses on reverse)	
Signed Hacy 2. Unnach Date_	4/17/2018
*************	***********
CLAIM FORM (§893.80(1d)(b) Wis. Stats.)
After filing a Notice of Circumstances of claim with the City of Ma sought (what you want from the City or do not want the City do to) applicable statute of limitations. Provide copies of any bills suppauto/truck/property damage, please attach two estimates. If the descriptive as possible.	You may file a claim at any time consistent with the porting the amount of the claim. For claims involving
The person signing below makes a claim against the City of Manito The claim is for relief in the form of money damages as inc	owoc arising out of the circumstances above-described. dicated below, and non-monetary relief as follows:
Auto/truck \$ Personal Inju	SANITATION & CLEANING SERVICES
Property: \$ DETERMINED Other (specific	fy) \$ \$ 5000 TO \$ 6000
Signed: Tracy of Unrocke	Date 4/17/2018
Address: 938 SHOPEWOOD BLVD.	(Street)
MANITOWOL, WIT. 54220	(City, State, Zip Code)

Circumstances of Claim (Attach additional sneets if necessary	istances of Claim (Attach additional sheets if ne	cessarv)
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SANITARY SEWER BACK-UP ON SHOREWOOD BLYD
INTRUSION OF CONTAMINATED WATER INTO RESIDENCE
AT 938 SHOREWOOD BLYD, PLUMBER DEFERMINED THAT
SANITARY LATERAL WAS CLEAN WITH NO BLOCKAGE TO
SANITARY MAIN ON SHOREWOOD BLND, CITY WAS CONTACTED.
CITY CREW ARRIVED AT APPROX. 10:30 AM. SAWITARY
MANHOLES WERE NEAR FULL CITY CREW SETTED DOWNSTREAM
SANITARY LINES - FOUND DOWNSTREAM MANHOLE PLUGGED.
CREW REMOYED A PIECE OF CONCRETE FROM MANHOLE.
Witnesses (names and addresses):
LAURIE VIRNOCHE - 938 SHOREWOOD BLVD.
RICK MANLICK - MANITOWICK PLUMBYNG SERVICE
CHAD SCHEINDHA - CITY OF MANITOWOC - DPI

Procedure for filing claims:

1. In most instances, a signed **Notice of Circumstances** of Claim must be served on the City within 120 days after the happening of the event giving rise to the claim or it will be barred by State Statute.

CITY JETTING CREW - CITY OF MANITOWOC-

- 2. A Claim must be filed with the City Clerk, City of Manitowoc, 900 Quay Street, Manitowoc, WI 54220, containing the claimant's address and an itemized statement of the relief or damages sought. This is the bottom portion of the form entitled "Claim Form." No action will be taken until this portion is completed and submitted to the City.
- 3. The City Attorney and or CVMIC (the City's liability insurance carrier) will then determine if your claim should be paid, compromised or disallowed. You will be notified by letter should the City determine to pay or compromise your claim. The City Attorney has the authority to pay, settle, or disallow claims up to \$5,000. Claims exceeding \$5,000 will be reviewed by the City's Finance Committee, who will present a final recommendation to the Common Council.
- 4. This procedure is established by Wisconsin Statutes to provide a mechanism for persons to recover damages in the event a municipality is responsible for an incident. This procedure is also designed to protect the municipality and its taxpayers from having to pay out inappropriate and/or nuisance claims.

This document does not constitute legal advice and should not be substituted for the advice of private legal counsel. Claimants have the right to retain an attorney of their choice to assist them with filing a claim solely at their own cost and expense.

Claimants are encouraged to review Wis. Stat. § 893.80 prior to filing a claim.

Manitowoc Plumbing Service Inc

7815 CTY HWY C. Manitowoc Wi. 54220

Bill To

Virnochae, Tracy 938 Shorewood Blvd Manitowoc Wi. 54220

	Invoice #
	3940
	Date
	4/15/2018
	Due Date
	4/30/2018
	Terms
1.	.5% after 30days

LIKE US ON FACEBOOK

Description		Qty	Rate	Amount		
blockagedetermined city s Trip charge Large sewer machine charge Sales Tax		he street on a Sunday. F	ound no	1.5	133.50 25.00 65.00 5.00%	200.25T 25.00 65.00 10.01
Thank you for your business. Add 3% for credit card payment.		Total			\$300.26	
	manitowocplu	ımbing@lakefield.net	Payments/C	redit	s	\$0.00
		920-726-0721	Balance I	Due		\$300.26

Balance Due \$300.26



