



## INSTRUCTIONS FOR FILING A CLAIM AGAINST THE CITY OF RICHLAND CENTER

To file a state-law claim against the City, a claimant must comply with Section 893.80(1), Wis. Stats., a copy of which is printed below. Generally, the statute requires the claimant to serve on the City Clerk a document stating the circumstances of the claim. The document must be signed by the claimant, or his/her agent or attorney, and should be served within 120 days of the event. The claimant must also present to the City Clerk a document stating the address of the claimant and a statement of the relief sought. If money damages are sought, a specific sum must be stated. (The above information may be combined in a single document.) Submitting the following additional information will allow the City to act on your claim more promptly:

1. Proof of the amount of the claim by means of either itemized receipts or two itemized estimates.
2. A phone number the claimant can be reached at during business hours.
3. As detailed a description of the incident as possible, including the date, time and location.

All information should be submitted to the City Clerk at the above address.

### **ADDITIONAL INFORMATION**

Filing a claim against the City does not automatically guarantee reimbursement from the City. The City examines each claim on an individual basis to determine 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 Council can authorize payment of a claim against the City. Any other representations made by City employees are not legally binding on the City.

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#### **893.80 Claims against governmental bodies or officers, agents or employees; notice of injury; limitation of damages and suits.**

(1) Except as provided in subs. (1g), (1m), (1p) and (8), no action may be brought or maintained against any volunteer fire company organized under ch. 213, political corporation, governmental subdivision or agency there of nor against any officer, official, agent or employee of the corporation, subdivision or agency for acts done in their official capacity or in the course of their agency or employment upon a claim or cause of action unless:

(a) Within 120 days after the happening of the event giving rise to the claim, written notice of the circumstances of the claim signed by the party, agent or attorney is served on the volunteer fire company, political corporation, governmental subdivision or agency and on the officer, official, agent or employee under s. 801.11 Failure to give the requisite notice shall not bar action on the claim if the fire company, corporation, subdivision or agency had actual notice of the claim and the claimant shows to the satisfaction of the court that the delay or failure to give the requisite notice has not been prejudicial to the defendant fire company, corporation, subdivision or agency or the defendant officer, official, agent or employee; and

(b) A claim containing the address of the claimant and an itemized statement of the relief sought is presented to the appropriate clerk or person who performs the duties of a clerk or secretary for the defendant fire company, corporation, subdivision or agency and the claim is disallowed.



CLAIM LOG#: \_\_\_\_\_

450 South Main Street, Wisconsin USA 53581

**CLAIM FOR DAMAGES [ ] Person [ ] Property**

Instructions for completing this form: Wisconsin Statute: 893.80(1), 893.80(1)(a), 893.80(1)(b)

1. Claims for death or injury to person or real property must be filed no later than 120 days (4) months after the occurrence.
2. Read the entire form before filing and fill out form completely - front and back page.
3. This form must be signed and dated by you.
4. Attach separate sheets, if necessary, to provide full details. Each attachment must be signed.
5. **Return the completed form to City of Richland Center, 450 South Main Street Richland Center WI. 53581. Your claim will be logged and tracked, directed to the City Administrator for review and the to the City Council. The Claim may also be sent to the City Insurance adjustor. A representative from the Insurance Company may contact you regarding your claim.**

*Presentation of a false claim can be a felony under Wisconsin State Law*

The person presenting the claim is referred to below as the "Claimant"

Name of Claimant: \_\_\_\_\_

Claimant's Address (Do not use Post Office Box):

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Address where you want mail to be sent (if different)

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Claimant Occupation: \_\_\_\_\_

Your Business Telephone: \_\_\_\_\_

Your Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Your Social Security Number: \_- \_\_\_\_\_ - \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Date of Injury or Damage: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Time of Occurrence: \_\_\_\_\_: \_\_\_\_\_ [ ] AM [ ] PM

**LOCATION** where damage or injury occurred: (describe fully and draw a diagram below or on a separate sheet. Indicate street names, addresses, measurements, landmarks, etc., if known):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FACTS** regarding how the damage or injury occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DAMAGE/INJURY** - Describe in detail the nature and extent of all damage or injury being claimed:

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**AMOUNT** you are claiming: \$\_\_\_\_\_

**NAME OF EMPLOYEE** you feel was responsible for this occurrence (if known):

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Was this accident investigated by the police? [  ] Yes [  ] No

Name of Department: \_\_\_\_\_ Report No. \_\_\_\_\_

Officer's Name: \_\_\_\_\_ Badge No. \_\_\_\_\_

Do you know of any witness to this accident? [  ] Yes [  ] No

If yes, please provide name, address and telephone number below:

Name: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Signature of Claimant or Person Filing on  
Claimant's Behalf:**

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Relationship

(if not Claimant): \_\_\_\_\_

**Date:** \_\_\_\_\_

USE SPACE BELOW OR ADDITIONAL  
PAGE TO DRAW DIAGRAM IF NEEDED.