

**TOWN OF GREENVILLE - NOTICE OF CLAIM/INJURY**

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

(Name and address must be completed or Notice of Claim will not be accepted)

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

\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

\*\*\*\*\*

**Incident /Accident Information**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Place: \_\_\_\_\_

(Be specific, please)

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**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 the police report, if any, and attach a diagram of the accident scene including directional notation. For personal injury, indicate the nature of the injury and whether or not medical attention was given and provide the name(s) of the physician(s) and hospital. Also identify any witnesses to the incident/accident.

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

\*\*\*\*\*

**CLAIM**

*(Note: You are not required to make a claim at this time. As long as you have filed the above Notice of Claim/Injury, you may file a claim with the Town of Greenville at any time consistent with the applicable statute of limitations. However, in order for the Town of Greenville to formally accept or deny your claim, the following claim must be completed and signed.)*

The undersigned hereby makes a claim against the Town of Greenville in the amount of \$ \_\_\_\_\_ arising out of the circumstances described above. To process this claim it is necessary to detail money damages being sought.

Signature: \_\_\_\_\_

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

Should you have any questions or require assistance - Call (920) 757-5151

*REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST AND IF FEASIBLE.*

**Return form to: Town of Greenville  
W6860 Parkview Drive  
Greenville, WI 54942  
H:\HR\Claims\Form.doc**