



NOTICE OF CIRCUMSTANCES/CLAIM FORM
City of Beloit - City Clerk-Treasurer's Office
 100 State Street, Beloit, WI 53511
 Office: (608) 364-6681 Fax: (608) 364-6642

For Office Use Only

CLAIM NUMBER:	
<input type="checkbox"/> Risk Manager	
<input type="checkbox"/> City Attorney	
<input type="checkbox"/> Department:	_____

Procedure For Filing Claims

- Section 893.80, Wis. Stats., includes a two-part procedural notice requirement: (a) timely notice of the event giving rise to the claim (Circumstances of Claim), and (b) a written itemization of the claim (Claim). Each must be provided if the claimant pursues a governmental entity, a department or division, or its officers, officials, agents or employees in a lawsuit. Failure to comply with these provisions may result in the claim being barred. The notice must identify the circumstances and must be presented within 120 days of the event.
- A Claim must be filed with the City Clerk, City of Beloit, 100 State Street, Beloit, WI 53511, containing the claimant's address, contact information, and an itemized statement of the relief or damages sought. This is the bottom portion of the form labelled "Claim Information" and no action will be taken until this portion is completed and submitted to the City.
- The Finance and Administrative Services Director, Risk Manager and/or CVMIC (the City's liability insurance carrier) will make a determination of whether 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 Finance and Administrative Services Director has the authority to pay, settle, or disallow claims up to \$5,000. Claims exceeding \$5,000 will be reviewed by City Staff who may make a recommendation to the City Council. Failure of the appropriate body to act on this Claim within one hundred twenty (120) days after presentation is a disallowance.
- 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 § 893.80, Wis. Stats., prior to filing a claim.

CLAIMANT INFORMATION

Name:	
Address:	City/ST/Zip:
Phone Number:	E-Mail Address:

CIRCUMSTANCES OF CLAIM INFORMATION

INSTRUCTIONS: Describe the circumstances of your claim below and attach additional sheets if necessary (who, what, where, when and how). **For auto/property damages**, attach a copy of the police report, if any; and a diagram of the accident scene including north, south, east or west. **For personal injury**, indicate the nature of the injury; if medical attention was given, the name of the physician/immediate care/hospital. List the names, addresses and contact information of any witnesses to the incident/accident. Please provide copies of all damage bills, invoices and/or estimates. Please provide as much detail as possible.

Incident Description

Type of Incident: <input type="checkbox"/> Auto/Damage on City Street <input type="checkbox"/> Property Damage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Other:	
Date of Incident:	Time of Incident:
Location of Incident:	

Description of Incident (If additional space is needed, please attached additional sheets)

CLAIM INFORMATION

Please note that you are not required to make a Claim at this time. As long as you have filed the above Notice of the Circumstances of Claim, you may file a Claim with the City at any time consistent with the applicable statute of limitations. However, in order for the City to formally accept or deny your claim at this time, the following claim must be completed and signed.

The undersigned hereby makes a claim against the City of Beloit in the dollar amount of the \$_____ arising out of the circumstances described above. (To process this Claim, I understand that it is necessary to support in detail the money damages being sought.)

Signature of Claimant	Date:
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