



City of Racine, Wisconsin

HOW TO FILE A CLAIM AGAINST THE CITY

You may use the attached form to file a claim against the City. Include as many details as you can about the incident including date, time and circumstances surrounding the issue and/or problem.

If there is damage to property, please provide two (2) estimates for the repair of the damage. Please include any receipts you may have for the items that you have lost or have had to replace, along with a statement giving the age or date of purchase of the original damaged item.

If your claim is for injury, please provide medical records and billing/invoice statements.

You may mail or drop off your completed claim form to:

City of Racine
Attn: City Clerk
730 Washington Av
Racine, WI 53403

Your claim must be filed with the City Clerk, and will then be forwarded to the City Attorney's Office. If you have submitted full/final documentation, the City Attorney's Office will review the claim to make a determination for the payment. Additionally, please understand this process does take time – and the City is allowed a timeframe of up to four months to complete the review. This does not mean that processing your claim will take this much time, but please be aware that this is not an overnight process.

You may contact the City Attorney's Office at 262-636-9115 should you have any questions regarding the initial submission and processing of your claim.

City Hall
730 Washington Avenue
Racine, Wisconsin 53403
262-636-9101

CITY OF RACINE
CITY CLERK'S OFFICE
730 WASHINGTON AVENUE
RACINE WI 53403

LIABILITY CLAIM INFORMATION

INSTRUCTIONS: Please fill out this form completely within 120 days from the incident.
Sign, date and return the completed form to the address listed above.

1. Date and time of incident: _____

2. Location of incident: _____

3. Name of property owner or injured person: _____

(Age, if minor: _____)

4. Address: _____

5. Telephone number: (H) _____ (W) _____

6. Please give a detailed description of the incident (use back of form if necessary).

7. Total amount of claimed damages: \$ _____
(attach itemized statements of bills)

NOTE: If damage is to an automobile, the City requires two estimates to process the claim.

8. Witness name, address, and telephone number:

Date

Signature of person filing claim

Date received in City Clerk's Office:

Date sent to City Attorney's Office: