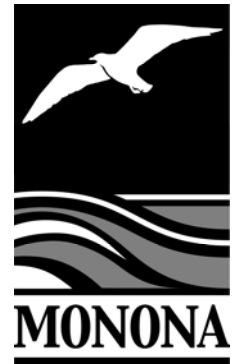


City of Monona
5211 Schluter Road
Monona, WI 53716
(608) 222-2525



INFORMATION FOR FILING CLAIMS WITH THE CITY OF MONONA

The following procedure is applicable to the filing of claims for payment of money or other relief against the City of Monona or its officers, officials, employees, or agents. For additional information, please consult Section 3-1-8 of the Monona Municipal Code; Sections 801.05, 801.11, and 893.80 of the Wisconsin State Statutes; and the City of Monona Claim Form (attached).

- STEP 1:** Prepare NOTICE OF CLAIM (attachment 1) describing the circumstances which give rise to the claim. Use additional sheets, if necessary, and staple to form. For auto damages, attach a copy of the police report (if any) and attach a diagram of the accident scene including north, south, east, and west corners if the accident occurred at an intersection. For personal injury, indicate nature of injury and whether or not medical attention was given and give the name of the physician. Also identify any witnesses to the incident/accident.
- STEP 2:** Serve the NOTICE OF CLAIM required by Step 1 upon the City Clerk or the person in charge of the Clerk's office at 5211 Schluter Road, Monona, Wisconsin 53716. The NOTICE OF CLAIM must also be served on any individual officer, agent, or employee named therein. Be sure to verify each service.
- STEP 3:** This NOTICE OF CLAIM must be served within one hundred twenty (120) days after the occurrence giving rise to the claim.
- STEP 4:** The City will take no action on your NOTICE OF CLAIM until you also file an itemized CLAIM (attachment 2) with the City Clerk. A standard CLAIM form is attached and is also available from the City Clerk. The CLAIM must contain an itemized statement of the relief demanded, i.e., dollar amounts for losses or damages and any additional or alternative relief sought from the City. The CLAIM may be served concurrently with the NOTICE OF CLAIM or filed separately at a later date. The time limit for filing an itemized CLAIM is controlled by various laws relating to commencement of legal actions. (See Chapter 893, Wisconsin State Statutes.)

NOTICE OF CLAIM

TO: City Clerk
City of Monona
5211 Schluter Rd.
Monona, WI 53716

and

TO: _____

NOTICE IS HEREBY GIVEN, pursuant to Section 893.80, Wisconsin Statutes, to the City of Monona, Dane County, Wisconsin, and the above named officer(s), official(s), employee(s), or agent(s) thereof, that the person whose name and address is given below asserts a Claim against the City and the named officer, official, agent, or employee for damages, loss and injury resulting from the following events and circumstances which occurred on _____ within one hundred twenty (120) days of this Notice:
(date)

CLAIMANT asserts that acts or omissions complained of were carried out under the authority of the City and were not the intentional or malicious acts of the named individuals or an exercise of legislative, quasi-legislative, judicial or quasi-judicial authority of the City.

Dated this _____ day of _____, 20_____.

Signature of Claimant/Agent: _____

Name and Address of Claimant:

NOTE: This notice must be separately and personally served on the City Clerk and on each named individual officer, official, employee, or agent, pursuant to Sections 801.11 and 893.80, Wisconsin Statutes (see instructions).

CLAIM

TO: City Clerk
City of Monona
5211 Schluter Rd.
Monona, WI 53716

and

TO: _____

Pursuant to Section 893.80, Wisconsin Statutes, the claimant, whose name and address is stated below, hereby demands from the City of Monona monetary and other relief to which it is entitled by law because of acts or omissions of the City and its officers, officials, agents, and employees.

The circumstances giving rise to this CLAIM are described in the NOTICE OF CLAIM served on the City on _____.

Claimant demands monetary relief in the total sum of _____ dollars (\$_____), itemized as follows:

TOTAL CLAIM: \$_____

And, in addition, or in alternative, demands the following relief:

Dated this ____ day of _____, 20____.

Signature of Claimant/Agent: _____

Name and Address of Claimant:

NOTE: This notice must be presented to the City Clerk or person who performs the duties of the City Clerk. Failure of the appropriate body to act on this CLAIM within one hundred twenty (120) days after presentation is a disallowance.