



VILLAGE OF GREENVILLE NOTICE OF CLAIM/INJURY

Name: _____

Address: _____
city/state/zip

Telephone: _____ Email: _____

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

INCIDENT / ACCIDENT INFORMATION

Date: _____ Time: _____

Location (be specific): _____

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 Village of Greenville at any time consistent with the applicable statute of limitations. However, in order for the Village 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 Village 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: Village of Greenville
W6860 Parkview Drive
Greenville, WI 54942**