NOTICE OF CLAIM
AGAINST MILWAUKEE COUNTY

Name: _____

Address: _____

Telephone: _____

Date of Accident/Loss: _____

County Department Involved: _____

Dollar Amount Claimed: $_____

Briefly state the facts of the accident/loss (include additional pages if necessary along with any supporting documentation/information; **do not staple**):

Signature: _____ Date: _____

Submit Claim to: George L. Christenson, Milwaukee County Clerk
Milwaukee County Courthouse, Room 105
901 North Ninth Street
Milwaukee, WI 53233