



LIABILITY CLAIM FORM

SUMMARY: To file a claim against the Town of Buchanan, you must comply with §893.80(1d) Wis. Stats., which says you must file a notice of claim with the Town of Buchanan within 120 days of the event from which you claim damages. You may use this form to file your claim.

INSTRUCTIONS: Use the available areas on this form to fill in the requested information. Attach any documents that support your claim including receipts, invoices, estimates, government reports, etc. After you have completely filled in this form, you may file it via email by sending it as an attachment to clerk@townofbuchanan.wi.gov You may also mail it to or submit it in person to:

Town of Buchanan – Claims
N178 County Rd. N
Appleton, WI 54915

ATTENTION: Filing a claim against the Town of Buchanan does not automatically guarantee reimbursement from the Town. Instead, the Town examines each claim on an individual basis in determining if reimbursement is legally required. Only the Town Board can authorize payment of a claim against the Town. Any other representations made by Town employees are not legally binding on the Town of Buchanan.

FOR OFFICE USE ONLY		
Date Claim Received:	_____	
Date Forwarded to Insurance:	_____	
Insurance Response Date:	_____	
Claims Decision Date:	_____	
Allowed	Disallowed	No Action
If allowed, amount paid \$_____		
If disallowed, date claimant was sent notice of disallowance: _____		

CLAIMANT CONTACT INFORMATION

Name:				Home/Cell Phone Number:
Address:				Work Phone Number:
City:	State:	Zip:	Email Address:	

CIRCUMSTANCES OF CLAIM AND RELIEF SOUGHT

Date of Event: _____ **Approximate Time of Event:** _____

Location of Event: _____

Circumstances of the Event (Please provide specific names, places, times, and facts when possible. You may add additional attachments as reference).

Type of Injury: _____

If Property was Damaged, Describe:

Witness Name(s)/Phone Number(s)/Address(es):

Total Claim (\$):

ACKNOWLEDGMENT

The above information is complete, true and accurate to the best of my knowledge.

Claimant Signature: _____ Date: _____