

R. C. No. <u>138</u> - 22 - 23. By FINANCE AND PERSONNEL COMMITTEE. December 19, 2022.

Your Committee to whom was referred R. O. No. 63-22-23 by City Clerk submitting a claim from Erik Boelkow for alleged damages to his home when a city tree fell on it; recommends filing the claim.

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	I HEREBY CERTIFY adopted by the Co day of		of th	e City of	Sheboygan,	Construction Construction Construction Construction	
Date		20				_, City Cl	.erk
Appr	oved	20				, Ma	yor

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R. O. No. <u>63 - 22 - 23</u>. By CITY CLERK. September 19, 2022.

Submitting a claim from Erik Boelkow for alleged damages to his home when a city tree fell on it.

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CITY CLERK

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	DATE RECEIVED 9-12-22 AN 3:40
	CLAIM NO. 14-22
	CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY
IN:	STRUCTIONS: TYPE OR PRINT IN BLACK INK
1.	Notice of death, injury to persons or to property must be filed not later than 120 day
2.	after the occurrence. Attach and sign additional supportive sheets, if necessary. This notice form must be signed and filed with the Office of the City Clerk.
	TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE.
	Name of Claimant: Erik Boelkow
•	Home address of Claimant: 2625 N 5th Street Sheboggan
	Home phone number: _262- 408-8874
	Business address and phone number of Claimant:
•	business address and phone number of claimant.
	When did damage or injury occur? (date, time of day) 6-15-22 (per phone.Ca
	Where did damage or injury occur? (give full description) West Side of home
	How did damage or injury occur? (give full description) The City Tree fell on My home. It damaged the roof, gutters, and tlashing,
	How did damage or injury occur? (give full description) The city Tree fell on My home. It damaged the roof, gutters, and flashing,
	My home. It damaged the roof, gutters, and thisking,
	My home. It damaged the roof, gutters, and tashing, If the basis of liability is alleged to be an act or omission of a City officer employee, complete the following: (a) Name of such officer or employee, if known: <u>N/A</u>
	My home. It dangged the roof, gutters, and flashing, If the basis of liability is alleged to be an act or omission of a City officer employee, complete the following:
	My home. It dangged the roof, gutters, and thisking, If the basis of liability is alleged to be an act or omission of a City officer employee, complete the following: (a) Name of such officer or employee, if known: <u>N/A</u>
· .	<u>My home</u> It dangged the roof, gutters, and theshing, If the basis of liability is alleged to be an act or omission of a City officer employee, complete the following: (a) Name of such officer or employee, if known: $N/A$ (b) Claimant's statement of the basis of such liability: $N/A$ If the basis of liability is alleged to be a dangerous condition of public property complete the following:
1.	<u>My home</u> It damaged the roof, gutters, and flashing, If the basis of liability is alleged to be an act or omission of a City officer employee, complete the following: (a) Name of such officer or employee, if known: $N/A$ (b) Claimant's statement of the basis of such liability: $N/A$ If the basis of liability is alleged to be a dangerous condition of public property

	by till, butter damaged and trash.
N	by tree, butter damaged and flash: O Injuries
	person injured:
Damage estimate: (You are not	bound by the amounts provided here.)
Auto:	\$
Property:	\$ 815,00
Personal injury:	\$ <u> </u>
Other: (Specify below	\$O
TOTAL	\$ 815.00
Damaged vehicle (if applicable)	*
Make: Model:	Year: Mileage:
ES OF ALL STREETS, HOUSE NUMBER	E THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO IN S, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VE VEHICLE, LOCATION OF INDIVIDUALS, ETC.
ES OF ALL STREETS, HOUSE NUMBER APPLICABLE), WHICH IS CLAIMANT	S, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VE
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DATE RECEIVED		RECEIVED BY		
		CLAIM NO.		
	CLAIM			
Claimant's Name:	Erik Boelkow	Auto	\$	0
Claimant's Address:	2625 N 5th Street	Property	\$	815.00
	Steboygon 53083	Personal Injury	\$	0
Claimant's Phone No.	262-408-8874	Other (Specify below	) \$	0
		TOTAL	\$	815

PLEASE INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM. (WISCONSIN STATUTES 943.395)

The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury. The claim is for relief in the form of money damages in the total amount of  $\frac{g}{s}$ .

SIGNED Fin Bollow	DATE: 7-26-22	
ADDRESS: 2625 NJ 5th Street	Sheboygan 53083	

MAIL TO: CLERK'S OFFICE 828 CENTER AVE SHEBOYGAN WI 53081



1135 Superior Avenue Oostburg, Wisconsin 53070 Phone: (920) 564-2525 Fax: (920) 564-6123



P.O. N

LOT #



UMBER	DATE 7-7-22
A STREET MARKEN	JOB#

TO SELF ROCHBALL	JOB NAME
ADDRESS 21075 ALC th St	ADDRESS
CITY Ship and	СІТҮ
PHONE () 17 CELL PHONE (262)	109-8874 OTHER ( )
	St House - Storm Davage.
Install 5" .032 Seamless Aluminum Gutter - Color:	Frefance #4110,00
3" (4") Aluminum Downspouts - Color:	all Rever ald Drawson +
Price Includes Tear off & Disposal O No Tear off O	P
Gutter Helmet <sup>®</sup> - Color:	The second s
Declare Fla	she on Rouf about
Cont Dass	\$127500
Front Of House	
ESTIMATED BY: The Large Challe	ESTIMATE JOB COST 815 00
At this time, approximate lead time is	4

## ACCEPTANCE OF PROPOSAL

The above prices and specifications listed above are correct. Price includes all materials, tax and labor; but not include unforeseen conditions which may be found after work begun. Scheduling of the job may or may not be affected by adverse weather conditions. You are authorized to do the work as specified. TERMS: NET 30 DAYS; 1-1/2% per month (18% per annum). Finance charge on unpaid balance over 30 days. PRICES VALID FOR 30 DAYS SUBJECT TO CHANGE WITHOUT NOTICE. A construction yard sign will be placed at job site unless you indicate otherwise.

SIGNATURE

DATE

\*WHITE COPY: MUST RETURN TO ACCEPT PROPOSAL \* YELLOW COPY: CUSTOMER COPY (LIEN LAW ON REVERSE SIDE)