

DATE RECEIVED 8-9-2024

RECEIVED BY MKC

CLAIM NO. 7-24

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

- 1. Notice of death, injury to persons or to property must be filed not later than 120 days after the occurrence.
- 2. Attach and sign additional supportive sheets, if necessary.
- 3. This notice form must be signed and filed with the Office of the City Clerk.

4. TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE.

1. Name of Claimant: KATHLEEN KNOLL

2. Home address of Claimant: 2714 S. 20th ST Sheboygan, WI, 53081

3. Home phone number: 920 4526985

4. Business address and phone number of Claimant: _____

5. When did damage or injury occur? (date, time of day) _____

6. Where did damage or injury occur? (give full description) _____

7. How did damage or injury occur? (give full description) _____

8. If the basis of liability is alleged to be an act or omission of a City officer or employee, complete the following:

(a) Name of such officer or employee, if known: _____

(b) Claimant's statement of the basis of such liability: _____

9. If the basis of liability is alleged to be a dangerous condition of public property, complete the following:

(a) Public property alleged to be dangerous: _____

(b) Claimant's statement of basis for such liability: _____

10. Give a description of the injury, property damage or loss, so far as is known at this time. (If there were no injuries, state "NO INJURIES").

11. Name and address of any other person injured: _____

12. Damage estimate: (You are not bound by the amounts provided here.)

Auto: \$ _____

Property: \$ _____

Personal injury: \$ _____

Other: (Specify below) \$ _____

TOTAL \$ _____

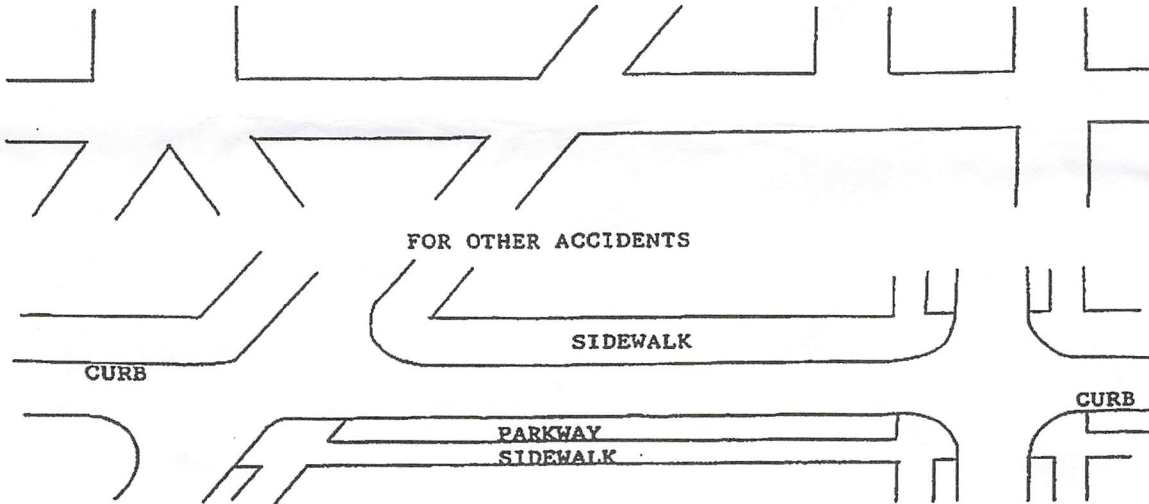
Damaged vehicle (if applicable)

Make: _____ Model: _____ Year: _____ Mileage: _____

Names and addresses of witnesses, doctors and hospitals: _____

FOR ALL ACCIDENT NOTICES, COMPLETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE NAMES OF ALL STREETS, HOUSE NUMBERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE (IF APPLICABLE), WHICH IS CLAIMANT VEHICLE, LOCATION OF INDIVIDUALS, ETC.

NOTE: If diagrams below do not fit the situation, attach proper diagram and sign.



SIGNATURE OF CLAIMANT _____ DATE _____

DATE RECEIVED _____

RECEIVED BY _____

CLAIM NO. _____

CLAIM

Claimant's Name: KATHLEEN KNOLL

Auto \$ _____

Claimant's Address: 2714 S. 20th ST

Property \$ _____

Sheboygan, WI 53081

Personal Injury \$ _____

Claimant's Phone No. 9204526985

Other (Specify below) \$ _____

TOTAL \$ _____

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 \$240.00.

I was hoping that the city might pay
the plumbing bill.
Some one told me to take the bill to the City

THANK you for your time
Kathleen Knoll

SIGNED Kathleen Knoll

DATE: August 2, 2014

ADDRESS: 2714 S. 20th ST

Sheboygan, WI 53081

MAIL TO: CLERK'S OFFICE
828 CENTER AVE #100
SHEBOYGAN WI 53081

Sonntag Plumbing, Inc

2015 N. 18th Street
Sheboygan, WI 53081
Telephone 920-457-9571

Invoice

Date	Invoice #
7/12/2024	24642

Bill To
Kathleen Krull 2714 S. 20th St. Sheboygan, WI. 53081

P.O. No.	Terms	Project	DT TT	
	Net 30			
Description	Qty	Rate	Amount	
06-20-24 Tried to clean out sewer. Main is plugged. Called city they will jet it out. Plumber Services	2	120.00	240.00	
Subtotal			\$240.00	
Sales Tax (5.5%)			\$0.00	
Total			\$240.00	
Payments/Credits			\$0.00	
Balance Due			\$240.00	

Sonntag Plumbing, Inc

2015 N. 18th Street
Sheboygan, WI 53081
Telephone 920-457-9571

Invoice

Date	Invoice #
7/12/2024	24642

Bill To
Kathleen Knoll 2714 S. 20th St. Sheboygan, WI. 53081

P.O. No.	Terms	Project	DT TT	
	Net 30			
Description	Qty	Rate	Amount	
06-20-24 Tried to clean out sewer. Main is plugged. Called city they will jet it out. Plumber Services	2	120.00	240.00	
Subtotal			\$240.00	
Sales Tax (5.5%)			\$0.00	
Total			\$240.00	
Payments/Credits			\$0.00	
Balance Due			\$240.00	