

Date Submitted \_\_\_\_\_  
Liability Claims Cmt info given \_\_\_\_\_

Dept Claim Number \_\_\_\_\_

**CITY OF SUPERIOR NOTICE OF CLAIM FORM**

**RETURN FORM TO: CITY CLERK'S OFFICE**  
**1316 N. 14<sup>th</sup> STREET**  
**SUPERIOR, WI 54880**  
(715) 395-7200

(PLEASE PRINT)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE (home) \_\_\_\_\_ (work) \_\_\_\_\_  
City State Zip

INCIDENT: DATE AND TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

WAS POLICE REPORT FILED? \_\_\_\_\_ INJURED?(name) \_\_\_\_\_

WHERE TREATED? TYPE OF INJURY? \_\_\_\_\_

(TYPE OF DAMAGE - circle one below)

Vehicle-Property-Personal-Injury(specify) \_\_\_\_\_

ESTIMATE OF DAMAGE: \$ \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

(IF DIFFERENT than above)

ADDRESS: \_\_\_\_\_

STATE BRIEFLY WHAT HAPPENED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

cc: City Attorney; Tom Mann, Cities & Villages Municipal Insurance Co.;  
Public Works \_\_\_\_\_ Street Dept. \_\_\_\_\_ Planning \_\_\_\_\_ C.D. \_\_\_\_\_ Police Chief \_\_\_\_\_  
Other \_\_\_\_\_

Council \_\_\_\_\_



SUPERIOR

WISCONSIN

Living up to our name.

**City Attorney's Office**  
Frog Prell, City Attorney  
Heather Peterson, Paralegal

Phone: (715) 395-7214  
Fax: (715) 395-7590  
E-mail: [attorney@ci.superior.wi.us](mailto:attorney@ci.superior.wi.us)

1316 North 14<sup>th</sup> Street, #301  
Superior, WI 54880

## **Liability Claims Committee Information**

The City's Liability Review Committee reviews notices of claims and threatened litigation against the City. The City Attorney serves as an advisory member to the committee's voting membership, which consists of five citizens each serving a three-year term. Assisting as legal advisor and staff to the review team, the City Attorney's office works closely with both the City's insurance carrier and its insurance adjuster on all liability matters.

The Liability Review Committee meets in the Metro Government Center, 1316 N. 14<sup>th</sup> Street, Room 300. **You will receive the committee's meeting agenda approximately one week prior to the meeting (mailed to the address provided on the claimant's form) advising you of the meeting date and time.** Your personal appearance at the meeting is not mandatory but if you wish to address the Committee in person, or present evidence for the Committee's consideration, you may do so at that time.

If you have questions regarding the claims process, please contact the City Attorney's office at 715-395-7214.