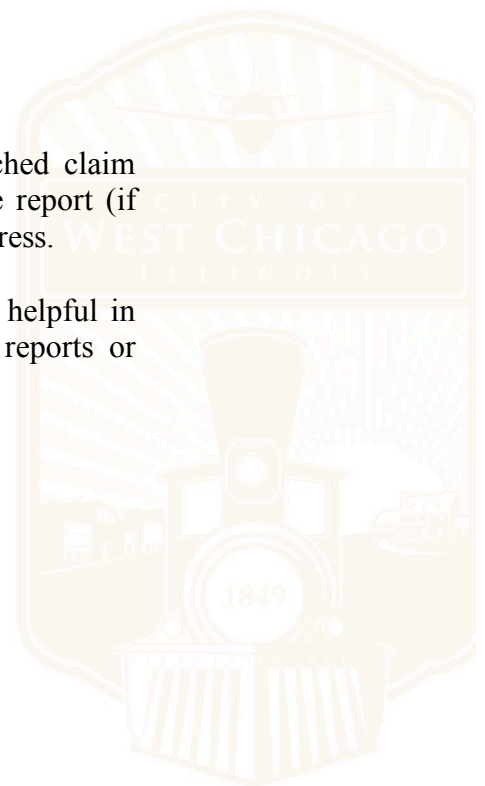


City of West Chicago
Administrative Services
475 Main Street
West Chicago, IL 60185
630.293.2200
630.293.3028

With reference to your claim, please fill out the attached claim form completely and send it with a copy of the police report (if applicable) to the City of West Chicago at the above address.

Please include any other documentation that would be helpful in processing your claim, this may be a photo, witness reports or copies of bills.

The City of West Chicago.



CLAIM FORM



DATE _____

1. NAME OF APPLICANT _____

2. ADDRESS _____

3. TELEPHONE _____

4. ADDRESS OF PROPERTY DAMAGE _____

5. DATE DAMAGE OCCURRED: FROM _____ MO. _____ DAY _____ YEAR
TO _____ MO. _____ DAY _____ YEAR

6. NATURE OF DAMAGE _____

7. HAS DAMAGE BEEN REPAIRED _____ YES _____ NO

8. IF YES, BY WHOM _____

9. HOW MUCH WAS COST OF REPAIR \$ _____

10. **ATTACH COPY OF BILL.**

11. HAS BILL BEEN PAID _____ YES _____ NO

12. BY WHOM: NAME _____

13. WHEN: _____ MONTH _____ DAY _____ YEAR

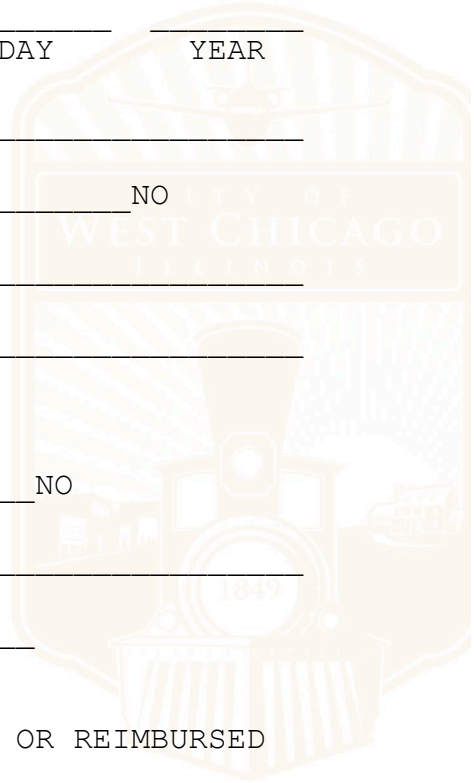
14. WAS ANY PART OR PORTION OF QUESTION 12 PAID OR REIMBURSED BY AN INSURANCE COMPANY?

15. IF YES, A. HOW MUCH \$ _____ B. WHEN _____

C. BY WHOM: NAME _____

ADDRESS & CITY _____

16. OTHER INFORMATION _____



CITIZEN INCIDENT REPORT



This report is to be used by any citizen involved in an accident or incident occurring on municipal property which required first-aid or hospital treatment, or resulted in the citizen complaining of discomfort as a result of the incident.

PLEASE PRINT

CITIZEN'S NAME _____

HOME TELEPHONE # _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

DATE OF INCIDENT _____ TIME: _____ AM/PM

EXACT LOCATION OF INCIDENT _____

DESCRIBE ACCIDENT/INJURY _____

DESCRIBE VEHICLE/PROPERTY INVOLVED _____

LIST ALL WITNESSES _____

WAS FIRST-AID GIVEN? YES NO TYPE _____

WAS MEDICAL EMERGENCY TREATMENT GIVEN? YES NO

GIVEN BY _____ DATE/TIME _____
HOSPITAL/DOCTOR

Citizen's Signature

Date

RETURN COMPLETED FORM TO THE ADMINISTRATIVE SERVICES DEPARTMENT:
HUMAN RESOURCES DIVISION

