

CLAIM SUBMITTED TO CITY OF ASHLAND, WI

Contact Person: Mary Garness, City Clerk
601 Main Street West
Ashland, WI 54806
715-682-7075

Date Claim Filed: _____

Date of Loss: _____

Time of Loss: _____

Claimant Name, Address and Phone Number:

Location of Loss: _____

Description of Loss: (Attach Pictures of Damaged Items and
Any Receipts to Fix Problems)

Witnesses:

Name

Address

Phone #
