

Notice of Claim Against the City of Winona

Name of Claimant:	
Address:	
Phone: (Work)	(Home)
Date of Accident or Incident:	Time: (a.m.)(p.m.)
Location of Incident: (Please be specific: provide street address, intersection, use diagrams if necessary, and label with directions.)	
Please specify below the exact amount of compensation or other relief you are requesting. Attach copies of any bills, estimates, or other documents to substantiate your claim. If you are claiming auto damage, obtain two estimates for the cost of repairs and attach them to this form.	
Please list below the names, addresses, and telephone numbers of all witnesses to the accident or incident:	
Please state, in detail, how the incident or accident occurred, and the circumstances surrounding the event. Indicate how the City of Winona is involved, and the names of any City employees and/or type of City property involved in this matter. You may attach additional sheets of paper, if necessary.	

Please sign your name and date below:

(Signature of Person Making Claim)

(Date)

Your claim will be referred to the City's insurance company for investigation. You will be informed by them on the disposition of your claim.

Type or print a response to each item on this form and send to:

Winona City Clerk
PO Box 378
Winona, MN 55987