

## NOTICE OF CLAIM - EAU CLAIRE COUNTY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

Date of Accident/Loss: \_\_\_\_\_

County Department Involved: \_\_\_\_\_ Dollar Amount Claimed: \_\_\_\_\_

Provide a brief explanation of the event that caused your accident/loss. (Include any supporting documents such as estimates, police reports, witness statements can be mailed or hand delivered to the address below)

**FOR MOTOR VEHICLE CLAIMS PLEASE INCLUDE:**

Name of your Insurance Company \_\_\_\_\_

Your Insurance Policy Number \_\_\_\_\_

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

**Submit Notice of Claim to:** Eau Claire County Clerk, 721 Oxford Ave., Suite 3350 Eau Claire, WI 54701  
Phone (715) 839-4801 Email: janet.loomis@co.eau-claire.wi.us