

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