## STATE OF WISCONSIN CLAIMS BOARD **CLAIM FORM**

(§ 16.007, Wis. Stats)

Submit signed and notarized form and supporting documents via email to: stateclaimsboard@wisconsin.gov or by mail to: State of Wisconsin Claims Board, PO Box 7864, Madison, WI 53707-7864. Questions? Please call (608) 264-9595.

Claims Board claims are considered public records under Wisconsin's Public Records Law. This form and any accompanying documentation may be open to inspection by the public.

Official Use Only								
Claim No:			Claim	Claimant No:				
Claimant Information								
Name:								
	Mr/Ms, first name	, last name						
Address								
	Street address		city	state	zip			
Phone:	Daytime phone ar	d area code	Email:					
Agency Information								
			Agency Informatio	<u></u>				
State Agency Name:		The Claims Board does	s not accept claims against pri	vate companies, local, or fede	eral government agencies.			
<b>T</b> 49	67 11 4							
Location of Incident:		Location where loss, damage, or injury occurred						
Date(s)	of Incident:							
• • •								
			Insurance Informati whether or not you have filed					
I have in	isurance cove	rage for this injur	ry/damage/loss: Y	es No				
I have ii	led a claim wi	th my insurer:	Yes No					
Insuran	ce Company: _							
Amount	of Deductible	: \$	<u> </u>					
			Claim Information	<u>1</u>				
	ollar Amount ( llar amount claime		l documents, they will not be r					

needed. The Claims Board does no	ot have access to or knowle	ground information and details about y edge of any previous correspondence/o documents to support your claim. Docu	communications you have had with the
	<u>Signatı</u>	ure and Notarization	
I hereby certify that all stat losses claimed were actuall		erein and on any attachments	hereto are true and that the
Signature of Claimant		 Date	
The above-named claimant executed the foregoing inst		Fore me this day and is known ledged the same.	to me to be the person who
Cinn at an af M.		Dut	
Signature of Notary		Date	
C	ounty,		Place Seal Here
 County	State		I IACE SEAL TIELE
My Commission Expires:			
	ate	4 9 95	
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