



For Official Use Only:

Received by the Racine County Clerk on:

Claim Against Racine County

Claimant's Name:

Mailing Address:

City:

State:

Zip:

Phone Number:

E-mail Address:

Date of Accident/Incident/Loss:

Time:

Location of Accident/Incident/Loss:

County Department Involved:

Amount Claimed: \$

NOTE: Attach itemized receipts for amount(s) claimed.

Description of Accident/Incident/Loss: Provide a detailed description of the events that caused your claim including the location and specific address, if possible. State how Racine County or its employees were at fault. Include any supporting documents such as estimates, police reports, witness statements, etc. Attach additional pages if needed.

I declare under penalty of perjury that the foregoing is true and correct.

Date:

Signature: