

City of West Chicago  
Administrative Services  
475 Main Street  
West Chicago, IL 60185  
630.293.2200 - phone  
630.293.3028 - fax

With reference to your claim, please fill out the attached claim form completely and send it with a copy of the police report (if applicable) to the City of West Chicago at the above address.

Please include any other documentation that would be helpful in processing your claim, this may be a photo, witness reports or copies of bills.

The City of West Chicago.



CLAIM FORM



DATE \_\_\_\_\_

1. NAME OF APPLICANT \_\_\_\_\_

2. ADDRESS \_\_\_\_\_

3. TELEPHONE \_\_\_\_\_

4. ADDRESS OF PROPERTY DAMAGE \_\_\_\_\_

5. DATE DAMAGE OCCURRED: FROM \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YEAR  
TO \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YEAR

6. NATURE OF DAMAGE \_\_\_\_\_

7. HAS DAMAGE BEEN REPAIRED \_\_\_\_\_ YES \_\_\_\_\_ NO

8. IF YES, BY WHOM \_\_\_\_\_

9. HOW MUCH WAS COST OF REPAIR \$ \_\_\_\_\_

10. **ATTACH COPY OF BILL.**

11. HAS BILL BEEN PAID \_\_\_\_\_ YES \_\_\_\_\_ NO

12. BY WHOM: NAME \_\_\_\_\_

13. WHEN: \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR

14. WAS ANY PART OR PORTION OF QUESTION 12 PAID OR REIMBURSED BY AN INSURANCE COMPANY?

15. IF YES, A. HOW MUCH \$ \_\_\_\_\_ B. WHEN \_\_\_\_\_

C. BY WHOM: NAME \_\_\_\_\_

ADDRESS & CITY \_\_\_\_\_

16. OTHER INFORMATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

