

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 _____

