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 _______________________________________________________
    _________________________________________________________________
    _________________________________________________________________
    _________________________________________________________________
    _________________________________________________________________
    _________________________________________________________________