

Dr. Slana 262-654-0726



COUNTY OF KENOSHA

Regi Bachochin



CLAIM AGAINST KENOSHA COUNTY

FULL NAME Juliette Grissin DATE 7-9-2021

ADDRESS 2023-27th Ave

Kenosha WI 53140

TELEPHONE NUMBER: Home: 262-925-4882

Work: _____

DATE & TIME OF ACCIDENT OR LOSS mid June

LOCATION OF ACCIDENT Room 113

DESCRIPTION OF ACCIDENT OR LOSS

1st Eye glasses \$350 + 98.80 Frame (lost)
(2nd) Eye glasses - \$225.00
Arm broke completely off by tide per Resident

WITNESS: Name AUSE A.D.

Address _____

Phone _____

AMOUNT OF CLAIM (damages) \$ 350 LENSE 98.80 Frame

CLAIMANT'S SIGNATURE Juliette Grissin

Please attach receipts, estimates, and/or other supporting data to this form.

RETURN THIS FORM TO: KENOSHA COUNTY CLERK

1010 - 56TH STREET
KENOSHA WI 53140