

FORM LETTER FOR DENIAL OF CLAIM
NOTICE OF DISALLOWANCE OF CLAIM

Date:

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Re: YOUR CLAIM AGAINST THE
VILLAGE OF
DATE OF LOSS:

Dear _____:

At its meeting on _____, 19____, the Village Board of the Village of
considered your claim dated _____, 19____ concerning
and denied it in full.*

Please be advised that no lawsuit may be brought on this claim against the Village or any of its
officials, officers, agents or employees after six (6) months from the date of receipt of this letter.

If you have any further questions on this claim, contact the _____
office at _____.

Sincerely,

Village Clerk

cc: Village Attorney

*Use the following paragraph in place of the first paragraph where 120 days has run from the
date of the Claim without official action by the Village Board to disallow the Claim:

Since 120 days has expired from the date of your claim, Wisconsin law provides
that your claim is deemed disallowed.