

415 JACKSON STREET, P.O. BOX 2808 OSHKOSH, WISCONSIN 54903-2808

OSHKOSH (920) 236-4890 FOX CITIES (920 727-2880 FAX (920) 303-3025 E-mail: countyclerk@co.winnebago.wi.us

The Wave of the Future

NOTICE OF CLAIM

Date:

December 3, 2018

To:

Doug, Linda and Joan

Re:

Claim from WPS for damage to underground electrical services by the

Winnebago County Parks Department

This claim will be presented to the County Board at their December 18, 2018 meeting.





Wisconsin Public Service Corporation

Claims - A145 P.O. Box 1132

Milwaukee, WI 53201-1132 Phone 800-558-3303 x3437

Fax 262-523-7889

Email damageclaims@wecenergygroup.com



NOTICE OF CLAIM FOR DAMAGES

TO: Winnebago County Parks 625 County Road Y Ste 500 Oshkosh, WI 54901-8131

PLEASE TAKE NOTICE, that pursuant to Sec. 893.80, Wis. Stats, Wisconsin Public Service Corporation, 700 North Adams Street, Green Bay, Wisconsin by Bonnie Wesley, Claims Analyst, hereby gives notice that on or about June 13, 2018, the claimant suffered damage and associated loss of electric service in the area of 500 E County Road Y in the City of Oshkosh, Wisconsin.

PLEASE TAKE FURTHER NOTICE that at the aforementioned time and place, the claimant sustained damage to overhead electric service.

PLEASE TAKE FURTHER NOTICE, that all times material Winnebago County through its officials, employees, agents or representatives, including but not limited to Winnebago County Parks did strike and damage primary cable service during excavating activities.

PLEASE TAKE FURTHER NOTICE that the damages suffered by Wisconsin Public Service Corporation were directly and proximately caused by the actions of Winnebago County in that its employee, Tom McInnis, in the normal course of employment, did strike and damage underground primary service while installing a new water line.



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PLEASE TAKE FURTHER NOTICE, that by reason of the aforesaid actions of Winnebago County, Wisconsin Public Service Corporation sustained damages for which it makes claim upon Winnebago County in the sum of \$939.50 and such other relief as provided by law.

PLEASE TAKE FURTHER NOTICE, that Bonnie Wesley is the representative of the claimant in this matter, and any request for further information should be addressed to said individual at PO Box 1132, Milwaukee, Wisconsin, 53201-1132.

Dated at Milwaukee, Wisconsin, this 21st day of November, 2018.

WE ENERGIES

Bonnie Wesley, Claims Analyst

By Donne Wasley

P.O. ADDRESS:

We Energies Claims, Room A145 PO Box 1132 Milwaukee WI 53201-1132 Telephone: 414-221-2498

Claim Number CL-201888782



www.wisconsinpublicservice.com

Bill Date	Account Number	Payment Due Date	Amount Due
11/21/2018	0401272163-00059	12/13/2018	\$939.50

Customer Name Service Address WINNEBAGO COUNTY PARK 500 E COUNTY ROAD Y

OSHKOSH WI 54901

Activity Since Last Bill

Previous Balance \$0.00
Balance \$0.00
Total Current Charges \$939.50
Total Current Balance \$939.50

Other Charges/Credits

06/13/2018 Electric Service Repair

Damage Claim # 201888782

 Labor
 \$473.93

 Vehicle
 \$84.71

 Material
 \$336.86

 Administrative Cost
 \$44.00

Total Other Charges/Credits \$939.50

Total Current Charges \$939.50

Messages

You can view your bills online by enrolling in the Your Account section of our website.



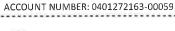
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Please return this stub with your payment.

TEG_PDF_BillImageQueue

24440

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Account Number: 0401272163-00059

WINNEBAGO COUNTY PARK STE 500 625 COUNTY ROAD Y OSHKOSH WI 54901-8131

Wisconsin Public Service PO Box 3140 Milwaukee, WI 53201-3140

Amount Due By	12/13/2018	\$939.50
Please write your	account number on yo	our check
Ame	ount Enclosed	
		-3



WINNEBAGO COUNTY

IF THIS IS AN AUTO ACCIDENT CONTACT APPROPRIATE LAW ENFORCEMENT
CALL THE FINANCE DEPARTMENT 232-3448
COMPLETE THIS FORM TO THE BEST OF YOUR ABILITY – Keep a copy for your records

EMPLOYEES:

Do not accept responsibility for ambulance bills.

Was a County vehicle involved?

Complete the Accident Report Form that is kept in vehicle.

Where County employee injured?

Call Personnel to report any Workers Compensation loss.

Date of Loss: <u>June 1</u> :	3, 2018	********** .ocation:_	Expo Ground's
			SOUE CHIRDY
Description Of Loss:	Damaged Wi	15 Power	High Voltage line
Possible Contributing Co	onditions (icy, v	vet, crack	ed walkway, etc):
Injuries: Name:	IONE		
Address & Phone:			
Injury:			
<u>Remember</u>	to check the c	ppropriat	e boxes below
Left the scene: \(\subseteq \text{Walking} \)	g 🗆 Ambulance	e □Other:	
County or Non-Cou	unty Property: 100 Volte Supp	Auto or pr	operty description:
	d repair/replac		possible)
□ County or □ Non-Cou	unty Property: /	Auto or pro	operty description:
Damages and estimated	d repair/replac	cement (if	possible)
Witnesses: (Name, addr			
Tom Mc Innis , Dave	Binner, K	yle Ve	rgin
Completed by: Time	We Tenni		_Phone:_920 420 3901
			ND FACTS USE OTHER SIDI