

TO THE HONORABLE, THE COMMON COUNCIL

City of Milwaukee

Dear Members of the Common Council:

In re: 005-0139-100-X
7607-7743 W. Glenbrook Rd.
NRL Associates Ltd Partnership

Year: 2001

Amount of Assessment Reduction: \$360,000

Amount of Tax Reduction: \$10,640.88

As the result of action by the Board of Review, the assessment of my property was reduced as indicated above. Under Section 70.511 (2)(b) of the Wisconsin Statutes, I hereby make application to your Honorable Body for a tax refund/reduction in the amount shown.

Signed: Brenda Williams Co ERP Operating Lp.
Date: 7-12-02

Federal laws require that Form 1099 be filed by the City Comptroller's Office at the year end for payment of earned interest. The Tax Equity and Fiscal Responsibility Act of 1982 has increased the penalties for non-compliance.

Therefore, on the enclosed Form W-9, we request that you furnish us with the Social Security Number and the signature of the person listed first on the name line OR the Employer I.D. Number of the business and the appropriate person's signature .

RECEIVED

2002 JUL 15 P 2:08

ASSESSOR'S OFFICE
CITY OF MILWAUKEE

TO THE HONORABLE, THE COMMON COUNCIL

RECEIVED

2002 JUL 15 P 2:08

City of Milwaukee

ASSESSOR'S OFFICE
CITY OF MILWAUKEE

Dear Members of the Common Council:

In re: 031-0101-100-2
7342 W. Marine Dr.
Northridge Lakes Ltd Partnership

Year: 2001

Amount of Assessment Reduction: \$2,765,000

Amount of Tax Reduction: \$81,727.86

As the result of action by the Board of Review, the assessment of my property was reduced as indicated above. Under Section 70.511 (2)(b) of the Wisconsin Statutes, I hereby make application to your Honorable Body for a tax refund/reduction in the amount shown.

Signed: Brenda Williams c/o ERP Operating
Ltd. Partnership
Date: 7-7-02

Federal laws require that Form 1099 be filed by the City Comptroller's Office at the year end for payment of earned interest. The Tax Equity and Fiscal Responsibility Act of 1982 has increased the penalties for non-compliance.

Therefore, on the enclosed Form W-9, we request that you furnish us with the Social Security Number and the signature of the person listed first on the name line OR the Employer I.D. Number of the business and the appropriate person's signature.