

# REQUEST FOR VACATION OF IN REM JUDGMENT

## FOLLOW THE INSTRUCTIONS LISTED BELOW:

1. Type or print firmly with ball point pen.
2. Use separate form for each property.
3. Check the copy of the attached ordinance for guidelines and eligibility. No written request to proceed under the ordinance may be submitted for consideration to the Common Council where more than 45 days has elapsed from the date of entry of the in rem judgment to the date of receipt of the request by the City Clerk.
4. **Administrative costs totaling \$1,370.00, must be paid by Cashiers Check or cash to the City Treasurer's Office prior to acceptance of this application.**
5. Complete boxes a, b c, d, and e.
6. Forward completed application to City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202

## APPLICANT INFORMATION:

A. PROPERTY ADDRESS 2428-2430 W Hopkins  
TAXKEY NUMBER 285-1829-100-0  
NAME OF APPLICANT Corrine Miller  
MAILING ADDRESS 2430 W Hopkins  
Mil WI 53204 442-6490  
CITY STATE ZIP CODE TELEPHONE NUMBER

B. FORMER OWNER YES  NO

If no, describe interest in this property \_\_\_\_\_  
\_\_\_\_\_

C. LIST ALL OTHER REAL PROPERTY IN THE CITY OF MILWAUKEE THAT THE FORMER OWNER HAS AN OWNERSHIP INTEREST IN (If not applicable, write NONE).

2422-2434 W Hopkins

(Use reverse side, if additional space is needed)

D. HAVE MONIES FOR ADMINISTRATIVE COSTS BEEN DEPOSITED WITH THE CITY TREASURER'S OFFICE? (Documentation must be attached)

YES  NO

E. DEPT OF NEIGHBORHOOD SERVICES FILING:

Have applications to record the subject property and any other unrecorded properties in which the former owner has an ownership interest been filed with the Department of Neighborhood Services per s. 200-51.5.

YES  NO

Applicant warrants and represents that all of the information provided herein is true and correct and agrees that if title to the property is restored to the former owner, applicant will indemnify and hold City harmless from and against any cost or expense which may be asserted against City as a result of its being in the chain of title to the property. **Applicant understands that if this request is withdrawn or denied the City shall retain all of the administrative costs applicant paid.**

APPLICANT'S SIGNATURE  DATE 9/4/06



# Payment Receipt

CT-11

Office of the City Treasurer • City Hall, Room 103  
200 East Wells Street • Milwaukee, Wisconsin 53202  
Telephone: (414) 286-2240

Received of: Golden Rule Church

Tax Account No.: 285-1829-100-0

Property Address: 2428-30W Hopkins  
CASHIER CKS (2)

Cash \$ \_\_\_\_\_ Check \$ 1370

Installment Payment  Bond Payment

Delinquent Tax Payment  Year: \_\_\_\_\_

Current Collection Tax Payment

Duplicate Tax Bill Fee  Other  VACATION OF JUDGEMENT

Received by: Virvian Miller

Date: 9-7-06 Paulette Bethel

Office of the City Treasurer - Milwaukee, Wisconsin  
 Customer Services Unit  
 Cash Deposit of Delinquent Tax Collection

<u>Cashier Category</u>	<u>Cashier Payclass</u>	<u>Dollar Amount</u>
1910	Delinquent Tax Collection	
	1911 City Treasurer Costs	220.00
	1912 DCD Costs	450.00
	1913 City Clerk Costs	200.0 ✓
	1914 City Attorney Costs	500.00
	Grand Total	<b>1,370.00</b>

Date 9/7/2006

**Comments for Treasurer's Use Only**

Administrative Costs - Request for Vacation of Judgment

File Number: 2006 - 01  
 Taxkey Number: 285-1829-100 - 0  
 Property Address: 2428 2430 W HOPKINS ST  
 Applicant: GOLDEN RULE CHURCH OF GOD IN  
 Parcel Number: 149  
 CaseNumber: 06-CV-003677

**Teller Validation**

Batch Date: 09/08/06 Receipt # 00074464  
 Teller ID: hballis2216002

Payment Tendered: 9/7/2006 11:54 AM  
 1910 Delinquent Tax Cost Recovery  
 Document No. 285-1829-100-0  
 Transaction Total: \$1,370.00

1911 City Treasurer-Cost Recovery  
 987016 0001 2210 1840  
 Allocation Total: \$220.00

1912 DCD-Cost Recovery  
 987016 0001 1911 1840  
 Allocation Total: \$450.00

1913 City Clerk-Cost Recovery  
 987016 0001 1310 1840  
 Allocation Total: \$200.00

1914 City Attorney-Cost Recovery  
 987016 0001 1490 1840  
 Allocation Total: \$500.00

CK 88401808 \$550.00  
 CK 15115918 \$820.00

**WAYNE F. WHITTOM**  
 City Treasurer

\*\*\*\*\* DUPLICATE \*\*\*\*\*

\*\*\* DUPLICATE \*\*\*  
**City of Milwaukee**  
**PAYMENT RECEIPT**  
 Office of the City Treasurer  
 City Hall, Room 103