



**Spencer Coggs**  
City Treasurer

**James F. Klajbor**  
Deputy City Treasurer

**Margarita M. Gutierrez**  
Special Deputy City Treasurer

**Robyn L. Malone**  
Special Deputy City Treasurer

**OFFICE OF THE CITY TREASURER**  
**Milwaukee, Wisconsin**

February 11, 2020

To: Milwaukee Common Council  
City Hall, Room 205

From: *EM* Erika Martinez  
Tax Collection and Enforcement Coordinator

Re: Request for Vacation of Inrem Judgment  
Tax Key No.: 3101203000  
Address: 2943 N 24TH ST  
Owner Name: ASHLEY CHIPLEY  
Applicant/Requester: ASHLEY CHIPLEY  
2019-3 Inrem File  
Parcel: 217  
Delinquent Tax Years: 2016-2019  
Case: 19-CV-005609

Attached is a completed application for Vacation of Inrem Judgment and documentation of payment of costs.

The City of Milwaukee acquired this property on 11/26/2019.

JFK/em





# OFFICE OF THE CITY TREASURER TAX ENFORCEMENT DIVISION

CITY HALL - ROOM 103 • 200 EAST WELLS STREET • MILWAUKEE, WISCONSIN 53202  
TELEPHONE: (414) 286-2260 • FAX: (414) 286-3186 • TDD: (414) 286-2025

## FORMER OWNER'S REQUEST TO VACATE IN REM TAX FORECLOSURE JUDGMENT

### FOLLOW THE INSTRUCTIONS LISTED BELOW:

1. Type or print firmly with a black ballpoint pen.
2. Use separate form for each property.
3. Refer to 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 90 days has elapsed from the date of entry of the in rem tax foreclosure judgment to the date of receipt of the request by the City Clerk.
4. Administrative costs totaling \$1,370 must be paid by Cashier's Check or cash to the City Treasurer prior to acceptance of this application.
5. Complete boxes A, B, C, and D, sign, and date the application.
6. Forward completed application to the City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202

### APPLICANT INFORMATION:

|                                            |                    |                          |                                           |
|--------------------------------------------|--------------------|--------------------------|-------------------------------------------|
| A. PROPERTY ADDRESS: <u>2943 N 24th St</u> |                    |                          |                                           |
| TAX KEY NUMBER: <u>3101203000</u>          |                    |                          |                                           |
| NAME OF APPLICANT: <u>Ashley Chopley</u>   |                    | D.O.B. <u>06/06/1990</u> |                                           |
| MAILING ADDRESS: <u>2217 N 56th St</u>     |                    |                          |                                           |
| <u>Milwaukee</u><br>CITY                   | <u>WI</u><br>STATE | <u>53210</u><br>ZIP CODE | <u>(414) 629-5515</u><br>TELEPHONE NUMBER |

|                                                                 |                                         |                                        |
|-----------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| B. WAS THE PROPERTY LISTED IN "A" ABOVE YOUR PRIMARY RESIDENCE? | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |
| IS THE PROPERTY LISTED IN "A" ABOVE CURRENTLY OCCUPIED?         | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |

C. LIST ALL OTHER REAL PROPERTY IN THE CITY OF MILWAUKEE IN WHICH YOU HAVE AN OWNERSHIP INTEREST (If not applicable, write NONE.):

|               |                |
|---------------|----------------|
| ADDRESS _____ | ZIP CODE _____ |
| ADDRESS _____ | ZIP CODE _____ |
| ADDRESS _____ | ZIP CODE _____ |

(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 ☐

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 the City harmless from and against any cost or expense, which may be asserted against the 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. There are no refunds.

APPLICANT'S SIGNATURE:  DATE: 2-10-19

Office of the City Treasurer - Milwaukee, Wisconsin  
Administration Division  
Cash Deposit of Delinquent Tax Collection

| <u>Cashier<br/>Category</u> | <u>Cashier<br/>Payclass</u> | <u>Dollar<br/>Amount</u> |
|-----------------------------|-----------------------------|--------------------------|
| 1910                        | Delinquent Tax Collection   |                          |
|                             | 1911 City Treasurer Costs   | 220.00                   |
|                             | 1912 DCD Costs              | 450.00                   |
|                             | 1913 City Clerk Costs       | 200.00                   |
|                             | 1914 City Attorney Costs    | 500.00                   |
|                             | Grand Total                 | <b>1,370.00</b>          |

Date 2/10/2020

**Comments for Treasurer's Use Only**

Administrative Costs - Request for Vacation of Judgment

File Number: 2019 - 3  
WholeTaxkey: 310-1203-000-  
Property Address: 2943 N 24TH ST  
Owner Name ASHLEY CHIPLEY

Applicant: ASHLEY CHIPLEY  
Parcel No. 217  
CaseNumber: 19-CV-005609