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. 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 TAXKEY NUMBER NAME OF APPLICANT B. FORMER OWNER If no, describe interest in this property This property anacement. 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). (Use reverse side, if additional space is needed) D. HAVE MONIES FOR ADMINISTRATIVE COSTS E. DEPT OF NEIGHBORHOOD SERVICES FILING: BEEN DEPOSITED WITH THE CITY TREASRUER'S OFFICE? (Documentation must be attached) Have applications to record the subject property and

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 Applicant understands that if this request is withdrawn or denied the City shall retain all of the administrative costs applicant paid.

NO ____

APPLICANT'S SIGNATURE

Phillip Daniels, member DATE 09

YES

any other unrecorded properties in which the former

owner has an ownership interest been filed with the Department of Meighborhood Services per s. 200-51.5.

NO ____

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*	1
in City	1
, Fitof	1
Milwaukee	ĺ

Payment Receipt
Office of the City Treasurer • City Hail, Room 103
200 East Wells Street • Milwaukee, Wisconsin 53202
Telephone: (414) 286-2240 CT-11

(11-7) 200-2240
Received of: Phillip Daniels
Tax Account No.: 312-0353 -8
Property Address: 2953 N. Mother Sun poor
Cash \$ Check \$ 1370.00 War
Installment Payment Bond Payment
Delinquent Tax Payment Year:
Current Collection Tax Payment
Duplicate Tax Bill Fee Other Ducke-
Received by: JAMCCarther ment
Date: 9-13-06

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

Cashier Category	Cashier <u>Payclass</u>		Dollar <u>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	1,370.00

Date 9/13/2006

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number:

2006 - 01

Taxkey Number:

312-0353-000 - 8

Property Address: 2952 2952 N MOTHER SIMPSON WA

Applicant:

X X X X

SHABACH WORLDWIDE MINISTRIES

\$450.00

DCD-Cost Recovery

Allocation Total:

Parcel Number:

230

CaseNumber:

06-CV-003677

Teller Validation

Batch Date: 09/14/06 Receipt # 00077582 Payment Tendered: 9/13/2006 1:49 PM 1911 City Treasurer-Cost Recovery 987016 0001 2210 1840 Delinquent Tax Cost Allocation Total

\$200.00