



RESOLUTION REQUIRED

Form CBP 177 (Rev. 3/01)

CITY OF MILWAUKEE

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney

From: DPW-ADMINISTRATION Department Date May 19 20 05

I recommend that the following claim or account be adjusted or cancelled as indicated.

Claim or Account No 88547 05/28/2004

Department: DPW-ADMINISTRATION

Due from:
Name: BRUCE BOWEN

Amount of claim or account as billed.....	\$ <u>6379.21</u>
Recommended Adjustment.....	\$ <u>6379.21</u>
Adjusted Balance.....	\$ <u>0.00</u>

Basis for recommendation of cancellation or adjustment:

INVOICE TO BE CANCELLED. TOTALLY DISCHARGED BY CHAPTER 7 BANKRUPTCY.

Submitted by Jean Rossette
DPW-ADMINISTRATION Department
 Adjustment or cancellation approved
 by Paul Gowley
City Attorneys Office
 Date: 18/17 20 05
 C.A. File No. _____

In accordance with section 2-20.1(1) of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

by Daniel R. [Signature]
DPW-Admin Department Head
 Date: 05/20 20 05

In accordance with section 2-20.1(2) of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated,

by order of

 City Comptroller
 Date: _____ 20 ____

Distribution:
 (White) - Comptrollers Office
 (Canary) - Originating department of claim or account
 (Pink) - City Attorney's Office
 (Goldenrod) - Originator
 (Detach prior to submitting to City Attorney's Office)