## City of Milwaukee Office of the City Clerk City Hall Milwaukee, Wisconsin

## NOTICE OF DISALLOWANCE CLAIM (Pursuant to Sec. 893.80 WIS. STATS.)

TO: Blaine O'Connell, Senior Vice President Froedtert Hospital 9200 W Wisconsin Ave Milwaukee, WI 53226-3596

You are hereby notified that the Common Council of the City of Milwaukee duly disallowed the claim filed by you. No action on your claim against the City of Milwaukee may be brought after six (6) months from the date of

service of the Notice of Disallowance.

FILE NUMBER: 050129

Regarding: Claim for property damage

Amount of Claim:

\$10,885.00

Claim Disallowed on:

6/14/05

Dated this day of

6/14/05.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To.

Postage
Certified Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage &

Name (Piease Prin
Street, Apt. No.; o

Oity, State, ZIP+4

Discrete Certified Provided)

Willwaukee WI 53226-3596

Ronald Leonhardt City Clerk

Form: Disallow