


WAYNE F. WHITTOW  
CITY TREASURER



OFFICE OF THE CITY TREASURER  
MILWAUKEE, WISCONSIN

November 25, 2003

To: Anthony Zielinski  
Council Administration Manager  
Common Council – City Clerk  
City Hall, Room 205

From: Wayne F. Whittow   
City Treasurer

Re: Request for Vacation of Inrem Judgment  
Tax Key No.: 229-0722-000-5  
Address: 4734 4734 N 42ND ST  
Applicant/Requester: ALICE KINCAID  
2003-01 Inrem File  
Parcel: 42  
Case: 03CV005029

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

The City of Milwaukee acquired this property on 10/13/2003.

WFW/ku

# 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 \$1370.00 must be paid by Cashiers Check 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	4734 North 42nd Street		
TAX KEY NUMBER	229-0722-5		
NAME OF APPLICANT	Alice Kincaid		
MAILING ADDRESS	4734 N 42nd Street		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
Milwaukee	WI	53209	527-7773

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).

None

(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)	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 _____	YES <input checked="" type="checkbox"/> 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 Alice Kincaid DATE 11-25-03



# Payment Receipt

CF-11

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

Received of: Alice Kincaid

Tax Account No.: 229-0722-5

Property Address: 4734 N. 42ND ST

Cash \$ 1376.00 Check \$ \_\_\_\_\_

Installment Payment  Bond Payment

Delinquent Tax Payment  Year: CASH 11

Current Collection Tax Payment

Duplicate Tax Bill Fee  Other

Received by: Tira Vacation of  
Judgement

Date: 11/25/03 2003-01