

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 Sep 17 20 02

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

Claim or Account No 83070 09/18/2001

Department: DPW-ADMINISTRATION

Due from:
Name: MISTY R. HENTZ

Amount of claim or account as billed.....	\$ 8761.98
Recommended Adjustment.....	\$ 8761.98
Adjusted Balance.....	\$ 0.00

Basis for recommendation of cancellation or adjustment:

PER KOHN, JUDGMENT ENTERED ON 07-12-02. JUDGMENT TO REMAIN OF RECORD.

Submitted by Jean Russette
DPW-ADMINISTRATION Department

Adjustment or cancellation approved

by _____
City Attorneys Office

Date: _____ 20 ____

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 Darla R. Slay
DPW-Admin Department Head

Date: 09/18 2002

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)