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CCL-246d (Rev. 5/3/06) PEIIION	AMENDMENT	GE SP
\$250.00 Publication Fee Must Accompany This Petition SUBMIT PETITION IN DUPLICAT	SP: 1959 CC: 001042	<u>May 4</u> , 2006
To the Honorable, The Common Council	il of the City of Milwaukee:	COPY
The undersigned	Milwaukee Funeral Services (Name of Individual, Partners, Corporation or L	s, LLC
being the owners of the following propert	ty known by street address as	5820 W. Burleigh St. (Street Address and Zip Code)
in the <u>10<sup>th</sup></u> Aldermanic Distr to the provisions of Section 66.0425 of th	trict respectfully petition the Common ( he Wisconsin Statutes, that the followi	Council of the City of Milwaukee according ng privilege be granted:
covered walk and bollards	(Here describe the privilege)	
Milwaukee, to abide by any order or reso damages to person or property by reasor compensation as provided by law in the sthe existence of the privilege, a certificate	plution of the Common Council affecting of the granting of such privilege, to find the granting of such privilege, to find to be fixed by the proper city office of insurance indicating applicant holes.	urnish a bond and pay annual cers, and to file and keep current throughout
Petitioner further agrees to remo resolution adopted by the Common Coun	ove said privilege whenever public nec ncil or other legislative body.	essity so requires when so ordered upon
construction work executed pursuant to the Commissioner of Public Works, any curb	o, pavement, or other public improvem is special privilege. Petitioner further a	ormer condition and to the approval of the ent which was removed, changed or agrees not to contest the validity of Section
Name (Please Print):	Debra Marcus Watton, President (Individual, Partner, or Agent if corpo	vertice and I (A)
Signature: DUD UU CU	(malvious), rathler, or Agent is corpo	Takion of ELC)
Corporation or LLC Name:	Milwaukee Funeral Services, LLC (If applicable)	
Mailing Addross (If different than about)	4750 N. (1. 0. (1. 44. )	

(OVER)

Telephone: (414) 964-3111 E-Mail: goodmanbensman@sbcglobal.net

City: Whitefish Bay State: Wisconsin Zip: 53211

## Architect/Engineer/Contractor (If Applicable)

Name:	Not applicable			
E.				
Address:				
		•		
City:		State:	Zip:	
Telephone:	E-Mail:			····

FILE WITH CITY CLERK LICENSE DIVISION ROOM 105, CITY HALL, 200 EAST WELLS STREET, 414-286-2238.

Make Check Payable to "City of Milwaukee".