

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

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

TO: American Family Insurance  
Attn: Joel J Rogers  
440 N Executive Dr  
Brookfield, WI 53005-4280

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: 050228

Regarding: Property Damage.

Amount of Claim: \$8,114.42

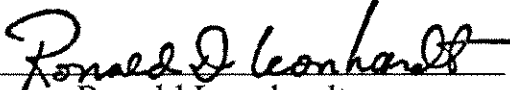
Claim Disallowed on: July 26, 2005

Dated this 26th day of July, 2005.

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
[Redacted]	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	American Family Insurance
Recipient	Attn: Joel J Rogers
Street, Apt	440 N Executive Dr
City, State	Brookfield WI 53005-4280

7000 0520 0020 8182 5655

PS Form 3800, February 2000 See Reverse for Instructions

  
Ronald Leonhardt  
City Clerk

Form: Disallow