

# Resolution Required

Form CBP 177 (Rev. 3/01)

CITY OF MILWAUKEE

## CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney

From: Port of Milwaukee

Department

Date June 26,

20 15

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

Claim or Account No 4280003189 dated 6/3/09

Department: Port of Milwaukee

Due From:

Name: Innovation Fuels

Amount of claim or

Account as billed..... \$ 13,162.37

Recommended

Adjustment .....\$ (13,162.37)

Adjusted

Balance .....\$ -0-

### Basis for recommendation of cancellation or adjustment:

Customer failed to pay. Receivable turned over to Kohn Law Firm for collection. No recovery to date.

Account uncollectible.

Submitted by

Stacie E. Billingsley

Port of Milwaukee

Department

Adjustment or cancellation approved

by

Ken P. Sullivan

City Attorneys Office

Date:

Oct 5 20 15

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

[Signature]

Port of Milwaukee

Department Head

Date:

June 29, 20 15

COMPTROLLER  
2015 JUL 15 PM 3:52

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)

2015 SEP 30 PM 12:58

2015 OCT -6 AM 10:06

COMPTROLLER

COMPTROLLER

Resolution Required

CITY OF MILWAUKEE

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney

From: Port of Milwaukee

Department

Date

June 26,

20 15

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

Claim or Account No 4280003850 dated 2/18/10 and 4280003982 dated 5/18/10

Department: Port of Milwaukee

Due From:

Name: IFT Milwaukee

Amount of claim or Account as billed.....	\$	26,324.74
Recommended Adjustment .....	\$	(26,324.74)
Adjusted Balance .....	\$	-0-

Basis for recommendation of cancellation or adjustment:

Customer failed to pay. Receivable turned over to Kohn Law Firm for collection. No recovery to date.

Account uncollectible.

Submitted by Hattie E. Bullingray Port of Milwaukee Department

Adjustment or cancellation approved by Ken P. Sullivan City Attorneys Office Date: Oct 5 20 15

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 [Signature] Port of Milwaukee Department Head Date: June 29, 20 15

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)

COMPTROLLER 2015 JUL 15 PM 3:52

2015 SEP 30 PM 12:58 2015 OCT -6 AM 10:06 COMPTROLLER COMPTROLLER