Resolution ReavireD

	City Attamas						
110	: City Attorney om: Port of Milwaukee		Department	Date	June	26,	20 15
I re	commend that the following claim or a	ccount be adjuste	d or cancelled as in				-
	im or Account No <u>4280003189 da</u>						
		<u>cca 07 3</u> 7 0 7	Amount of clai		_ 1	0.160.0	
Dei	partment: Port of Milwaukee	**	Account as bill Recommended		\$	3,162.37	
			Adjustment		\$ (1	3,162.37)
Due	e From: Name: Innovation Fuels		Adjusted Balance				
					_	11	
Bas	sis for recommendation of cancellation	on or adjustment	•				
	Customer failed to pay. I No recovery to date.	Receivable t	urned over to	o Kohn l	Law F	irm for	collec
	Account uncollectible.						
3			,5/	1	-	- 0	
		Submitted by	Port of M	ti I wauke	Uni	Departin	ent
		A 1!	Day III			_	
		Adjustment of	cancellation appro	00.	_		
		by —	City Attack	065			1
		Date:	City Attorn		15		
	*	C.A. File No.		- ,	×		
	ecordance with section 2-20.1(1) of the Milwauke	ee Code. I certify to th	services of the Paris				
			e City Comptroller the	uncollectibil	ity		
	ne above claim or account as indicated.		e City Comptroller the	uncollectibil	ity		
		by	Kul	u	ity		
		by Por	t of Milwauk	ee		Department	Head
	ne above claim or account as indicated.	by Por	Kul	ee		Department	Head
of th	ne above claim or account as indicated.	by Por	rt of Milwauk		5_	Department	Head
of the	coordance with section 2-20.1(2) of the Milwaukabove account shall be adjusted or cancelled as in	by Por Date: Ju	rt of Milwauk		5_	Department	Head
of the	ne above claim or account as indicated.	by Por Date: Ju	rt of Milwauk		5_	Department	Head
of the	coordance with section 2-20.1(2) of the Milwaukabove account shall be adjusted or cancelled as in	by Por Date: Ju	rt of Milwauk		5_	Department	Head
of th	coordance with section 2-20.1(2) of the Milwauke account shall be adjusted or cancelled as in	by Por Date: Ju	rt of Milwauk	ee 20 1 submitted to	5_	Department	Head

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)

Resolution ReavireD

-		Section 1	1000-001	100000000000000000000000000000000000000	
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 a	ccount be adjusted or cancelled as indicated.
Claim or Account No 4280003850 dated 5/18/10 Department: Port of Milwaukee	Amount of claim or Account as billed \$ 26,324.74 Recommended
Due From:	Adjusted (26,324.74) Adjusted
Name: IFT Milwaukee	Balance\$
Basis for recommendation of cancellation Customer failed to pay. No recovery to date. Account uncollectible.	
8 6	
	Submitted by Port of Milwaukee Department Adjustment or cancellation approved by City Attorneys Office Date: C.A. File No.
In accordance with section 2-20.1(1) of the Milwauk of the above claim or account as indicated.	by
OLLER PM 3: 52	Date: Port of Milwaukee June 29, 20 15 Department Head
In accordence with section 2-20.1(2) of the Milwauk the above account shall be adjusted or cancelled as in	ee Code, and on the basis of the certification submitted to me,
the above account shall be adjusted or cancelled as in	
	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)

3012 OC1 - P VM 10: 0P S012 ZEL 30 LM 15: 28

COMPTROLLER

COMPTROLLER