

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 Apr 4 20 02

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

Claim or Account No 83088 09/18/2001

Department: DPW-ADMINISTRATION

Due from:
Name: TIMOTHY WILLIAMS

Amount of claim or account as billed.....	\$ 6764.02
Recommended Adjustment.....	\$ 6764.02
Adjusted Balance.....	\$ 0.00

Basis for recommendation of cancellation or adjustment:

PER KOHN, JUDGMENT ENTERED ON 03-29-02. JUDGMENT TO REMAIN OF RECORD.

Submitted by Joan Rossetti
DPW-ADMINISTRATION Department

Adjustment or cancellation approved
by [Signature]
City Attorneys Office

Date: April 10 20 02

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]
DPW-ADMINISTRATION Department Head

Date: 04/08 20 02

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)