

TO THE HONORABLE, THE COMMON COUNCIL

City of Milwaukee

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2016 NOV 21 PM 1:17

ASSESSOR & CLERK  
CITY OF MILWAUKEE

Dear Members of the Common Council:

In re: **193-9966-100-8**  
**2727 W SILVER SPRING DR**  
**SILVER SPRING SELF STORAGE LLC**

**Year: 2013**

**Amount of Assessment Reduction: \$488,000**

**Amount of Tax Reduction: \$14,940.11**

As the result of action by the Board of Review, the assessment of my property was reduced as indicated above. Under Section 70.511 (2)(b) of the Wisconsin Statutes, I hereby make application to your Honorable Body for a tax refund/reduction in the amount shown.

Signed: 

Date: 11/15/16

Federal laws require that Form 1099 be filed by the City Comptroller's Office at the year-end for payment of earned interest. The Tax Equity and Fiscal Responsibility Act of 1982 has increased the penalties for non-compliance.

Therefore, on the enclosed Form W-9, we request that you furnish us with the **Social Security Number** and the **signature** of the person listed first on the name line **OR** the **Employer I.D. Number** of the business and the appropriate person's **signature**. Please verify below to whom refund is to be made out to and what address it is to be mailed to if different from objection form.

PAYEE: NATIONAL BUREAU OF MAILING ADDRESS: NBPA  
PROPERTY ADMINISTRATION, LLC 180 N. STETSON #2525  
Chicago IL 60601

Pursuant to § 70.511(2) (b) if forms are returned on or before November 1, 2016, your refund is payable on or before January 31st, 2017. After November 1, 2016, refund is payable by January 31st, 2017.

TO THE HONORABLE, THE COMMON COUNCIL

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City of Milwaukee

2016 OCT 27 AM 11: 27

Dear Members of the Common Council:

ASSESSOR'S OFFICE  
CITY OF MILWAUKEE

In re: **249-0577-100-7**  
**5434 W CAPITOL DR**  
**ROKSHINDA ALMAS &**  
**SRN REAL ESTATE LLP**

**Year: 2015**

**Amount of Assessment Reduction: \$93,000**

**Amount of Tax Reduction: \$2,730.20**

As the result of an agreement between the Assessor's Office and the Owner's attorney, the assessment of my property was reduced as indicated above. Under Section 70.511 (2)(b) of the Wisconsin Statutes, I hereby make application to your Honorable Body for a tax refund/reduction in the amount shown.

Signed: Rokshinda Almas  
Date: 10/17/16

Federal laws require that Form 1099 be filed by the City Comptroller's Office at the year-end for payment of earned interest. The Tax Equity and Fiscal Responsibility Act of 1982 has increased the penalties for non-compliance.

Therefore, on the enclosed Form W-9, we request that you furnish us with the **Social Security Number** and the **signature** of the person listed first on the name line **OR** the **Employer I.D. Number** of the business and the appropriate person's **signature**.

Please verify below to whom refund is to be made out to and what address it is to be mailed to if different from objection form.

Payee: SRN & Almas Mailing Address: M. Q. KHAN  
5434 W. CAPITOL DR Suite 3  
MILWAUKEE, WI-53216

Pursuant to § 70.511(2) (b) if forms are returned on or before November 1, 2016, your refund is payable on or before January 31st, 2017. After November 1, 2016, refund is payable by January 31st, 2017.

TO THE HONORABLE, THE COMMON COUNCIL

City of Milwaukee

Dear Members of the Common Council:

2016 DEC 14 AM 11:42

In re: **272-2102-000-1**  
**3607-17 N MARTIN L KING JR DR**  
**KENNETH A BIECK TOD**

**Year: 2015**

**Amount of Assessment Reduction: \$31,000**

**Amount of Tax Reduction: \$910.07**

As the result of action by the Board of Review, the assessment of my property was reduced as indicated above. Under Section 70.511 (2)(b) of the Wisconsin Statutes, I hereby make application to your Honorable Body for a tax refund/reduction in the amount shown.

Signed: *Kenneth A Bieck*

Date: 12/12/16

Federal laws require that Form 1099 be filed by the City Comptroller's Office at the year-end for payment of earned interest. The Tax Equity and Fiscal Responsibility Act of 1982 has increased the penalties for non-compliance.

Therefore, on the enclosed Form W-9, we request that you furnish us with the **Social Security Number** and the **signature** of the person listed first on the name line **OR** the **Employer I.D. Number** of the business and the appropriate person's **signature**. Please verify below to whom refund is to be made out to and what address it is to be mailed to if different from objection form.

PAYEE: Kenneth A Bieck MAILING ADDRESS: 5205 N Ironwood Rd  
# 201  
Glendale, WI 53217

Pursuant to § 70.511(2) (b) if forms are returned on or before November 1, 2016, your refund is payable on or before January 31st, 2017. After November 1, 2016, refund is payable by January 31st, 2018.