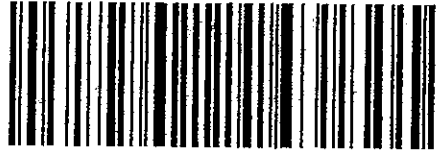




**Office of the City Clerk**  
 City Hall, Room 205  
 200 East Wells Street  
 Milwaukee, WI 53202

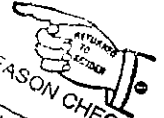


7010 2780 0000 1592 6769



UNITED STATES POSTAGE  
 PITNEY BOWES  
 02-1M \$ 05.34  
 0004261480 SEP 21 20  
 MAILED FROM ZIP CODE 532

Unclaimed  
 Attempted  
 Insufficient Address  
 No Such Street  
 No Such Office In State  
 Do Not Remain This Envelope  
 NEW BERLIN, WI 53151



**REASON CHECKED**  
 Refused

Lauren Joyce  
 File 110553  
 4455 South Rachel Lane  
 New Berlin, WI 53151

Unclaimed  
 Attempted  
 Insufficient Address  
 No Such Street  
 No Such Office In State  
 Do Not Remain This Envelope  
 NEW BERLIN, WI 53151



**REASON CHECKED**  
 Refused

22-11  
 9-27  
 10-7



**REGISTERED MAIL**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center; padding: 10px;"> <b>Lauren Joyce</b>  <b>File 110553</b>            4455 South Rachel Lane            New Berlin, WI 53151         </p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7010 2780 0000 1592 6769</p>	
<p>Receipt <span style="float: right;">102395-02-M-1540</span></p>	

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

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

Lauren Joyce  
4455 South Rachel Lane  
New Berlin, WI 53151

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: 110553

Regarding: Property Damage

Amount of Claim: \$6,033.95

Claim Disallowed on: September, 20, 2011

Dated this 20th day of September, 2011



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Ronald Leonhardt  
City Clerk

Form: Disallow