

**PHILIP GEORGE SIKES**  
2207 South 56th Street  
West Allis, WI 53219-2204  
414-329-2116  
8 October 2004

CITY OF MILWAUKEE  
2004 OCT 18 AM 10:32  
RONALD D. LEONHARDT  
CITY CLERK

Mr. Ronald D. Leonhardt  
Milwaukee City Clerk  
Milwaukee City Hall, Room 205  
200 East Wells Street  
Milwaukee, WI 53202

RE: Letter Declining Claim 04-S-234 dated 21 Sep. '04, post marked 28 Sep. '04, and received 30 Sep. '04.

Dear Mr. Leonhardt:

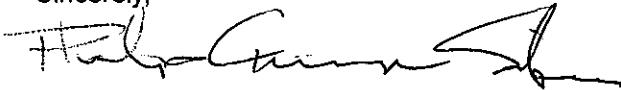
I wish to respectfully request a hearing to appeal the declension of of my Hardship Claim, C.I. File No: 04-S-234, by Grant F. Langley, City Attorney and Robert M. Overholt, Investigator Adjuster.

In so doing, I wish to add to the Claim an amount of \$854 (costs already paid) and \$1,297.61 (quote for paint damage) for a total of \$3051.61 (including the Hardship Claim of \$900) for damages to the vehicle while in the custody of the Tow Lot caused by improper handling and storage. The vehicle had been stored in a heated garage during the Winter months since I took ownership of it. Please note that I am not, at this time, requesting damages for excessive depreciation to the well cared for Sports Car caused by improper storage.

Please let me know whether I can expand the original Claim to include damages to the vehicle in the appeal process or must I file a separate Claim. I will document the damages to the vehicle when I receive a response from you.

Thank you for your consideration in this matter.

Sincerely,



Philip George Sikes  
100% Disabled Vietnam Era Veteran(DAV)

CITY OF MILWAUKEE  
RECEIVED  
04 OCT 18 PM 3:52  
OFFICE OF  
CITY ATTORNEY

CITY OF MILWAUKEE  
RECEIVED  
**PHILIP GEORGE SIKES**  
2207 South 56th Street  
West Allis, WI 53219-2204  
414-329-2116

CITY OF MILWAUKEE

'04 JUL 15 PM 2:37

2004 JUL 15 PM 2:26

RONALD D. LEONHARDT  
CITY CLERK

Mr. Ronald D. Leonhardt  
Milwaukee City Clerk  
Milwaukee City Hall  
200 East Wells Street  
Milwaukee, WI 53202

RE: Hardship Claim, cost of recovery of vandalised sports car from Milwaukee tow lot of \$900.00.

Dear Mr. Leonhardt:

I wish to file a hardship claim, the circumstances of which will be elaborated below, for the amount of \$900.00.

The event(s) occurred on 13 Apr 2004 (see bank statement) and 21 Apr 2004 (see receipt from tow lot).

I am a disabled Viet Nam Era Veteran (see DD-214) who received an Honorable Discharge from the U.S. Army (see discharge paper) with a 100% disability. Over the next few years with the help of the VA I was able to rehabilitate myself to the point of being only 30% disabled and able to secure gainful employment until 18 Dec 2003. On 19 Dec 2003, I was injured by three fellow employees. As a result of this injury, I was forced to resign (fired) by a vote of the same three employees. They refused to pay the bonuses and accrued vacation which I had earned, denied my unemployment compensation eligibility, and made it difficult to apply for Worker's Compensation. The injury which occurred on 19 Dec 2003 increased my disability to 70% and potentially made me unable to secure or follow a substantially gainful occupation (see VA award letter). I was finally able to apply for Worker's Compensation, but I have not received any compensation for my permanent disability as of this date (see Gallagher-Basset letter). [I understand that I should have been receiving my permanent disability Worker's Compensation benefits 14 days after the date of injury but apparently my former employer is thwarting this also.] I have also applied for Social Security Disability Insurance Benefits (see SS claim document), but will not be receiving those benefits for 2-6 months. This now sets up the scenario for my financial hardship.

The financial hardship has made it impossible to pay my bills in a timely manner, to stop repossession proceedings of my vehicles, to stop foreclosure proceedings on my home, and to recover my vandalised towed sports car in a timely manner. I am therefore respectfully requesting that the City of Milwaukee refund the \$900.00 I paid to recover my vehicle so that I might apply that amount to stop the foreclosure of my home.

The circumstances leading up to the towing of my vehicle are as follows. Over a period of about two months prior to my sports car being vandalised on 2 Mar 2004 I had loaned my vehicle to a friend to take his invalid mother to the hospital for dialysis treatments. The car was in his possession when it was vandalised (street side tires slashed) on 2 Mar 2004. He called the police to let them know that the car was vandalised and could not be moved until the owner purchased replacement tires and installed them so that the car could be moved. On 3 Mar 2003, the car was ticketed even though the police were notified. On 3 Mar 2004 the car was allegedly placarded for 72 hour tow even though the police were renofified of its disabled condition. On 4 Mar 2004 I ordered two new special tires to replace the vandalised tires which would be delivered to me at 2:00PM on 8 Mar 2004. On 4,5,6 Mar 2004 the police were notified of the status of the disabled vehicle. On 7 Mar 2004 an unknown neighbor of my friend called the vehicle in as an abandoned car, the police placed a parking ticket on the car, allegedly placarded it for a 24 hour tow, and then some time that day it was towed. At noon on 8 Mar 2004 I went to my friend's home where he had parked the car to remove one of the vandalised tires and rim so that Sears could install the new tire and then return and do the same for the other vandalised tire so the car could be moved to my garage, but the car had already been towed.

I returned home and called the Ordinance Enforcement Division of the City of Milwaukee to find out the car had been ticketed for parking on 3 Mar 2003, placarded for 72 hour tow on 3 Mar 2004, reported as

abandoned on 7 Mar 2004, ticketed for parking on 7 Mar 2004, and placarded for 24 hour tow on 7 Mar 2004. I did not know that any of this had happened until the afternoon of 8 Mar 2004. At 4:00PM 8 Mar. 2004 I received a notice via the mail that my vehicle was placarded for 72 hour tow at 2:47PM on 3 Mar 2004, approximately 24 hours after it was towed. At noon on 10 Mar 2004 I received a notice via the mail that my vehicle was towed based on the 24 hour tow placard that was placed on the vehicle 7 Mar 2004, 24 hours before it should have been towed.

I made an appointment (2:30PM 17 May 2004) to dispute the above tow at the same time I called the Enforcement Division. I did not receive a first notice of vehicle disposal, but I did receive a second notice-certified notice of vehicle disposal some time after the postmarked date of 15 Mar 2004 which indicated that the vehicle was scheduled for destruction on 12 May 2004, 5 days before my appointment to dispute the tow with the City Attorney. I called the tow lot to let them know of this destruction-dispute date conflict, telling them that I had had the vehicle insured for a stated value of \$10,000 because of its excellent condition versus its age. They apparently decided to schedule it for auction instead of destruction. At any rate I was able to recover my vehicle in April by paying \$900.00 to the City Tow Lot instead of paying a mortgage payment.

On 17 May 2004 I had my dispute appointment with the City Attorney, but he said that he could do nothing about the above. He referred me to you.

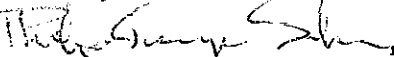
I sincerely hope that the City of Milwaukee does not make it a policy to treat Disabled American Veterans who choose to live in Metropolitan Milwaukee the way I have been treated for the last few months.

I appeal to your concept of fairness and not to what the City Attorney has to abide by---legal justice.

If you require clarification of the above and/or additional information about the above for a decision regarding this claim, please contact me at the above address or telephone number.

Thank you for your consideration in this matter.

Sincerely,



Philip George Sikes  
Disabled American Veteran

BANK STATEMENT

Statement of Account

TRI CITY NATIONAL BANK

Philip G Sikes  
page 4 of 5

| Date  | Description                          | Additions | Subtractions | Balance    |
|-------|--------------------------------------|-----------|--------------|------------|
| 04-05 | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |
| 04-05 | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |
| 04-06 | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |
| 04-06 | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |
| 04-08 | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |
| 04-08 | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |
| 1-08  | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |
| 04-08 | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |
| 04-09 | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |
| 04-09 | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |
| 04-09 | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |
| 04-09 | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |
| 04-12 | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |
| 04-12 | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |
| 04-12 | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |
| 04-12 | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |
| 04-12 | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |
| 04-12 | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |
| 04-13 | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |
| 04-13 | #Debit Card Purchase                 |           | -500.00      | 10.10      |
|       | MERCHANT PURCHASE TERMINAL 449398    |           |              |            |
|       | CITY OF MILW DPW TOW LOTMILWAUKEE WI |           |              |            |
| 1-13  | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |
| 04-13 | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |
| 04-13 | [REDACTED]                           |           | [REDACTED]   | [REDACTED] |

City of Milwaukee  
Tow Lot

Workstation ID : towlotrep01  
Drawer ID : T04001

Workstation  
Session No. : 18960  
Drawer  
Session No. : 00797

Receipt Number : 1001976  
Payment Date : 04/21/2004  
Payment Time : 03:51 PM

Item Description : Tow  
Issue # : T00025001  
Amount Due : \$495.00  
Amount Paid : \$400.00  
Balance Due : \$95.00

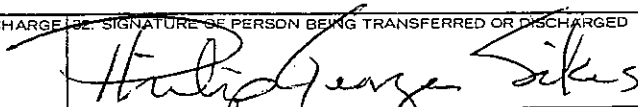
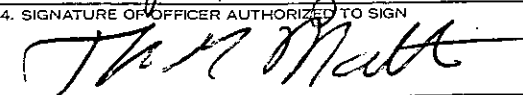
Paid by : CASH  
Amount Due : \$495.00  
Amount Paid : \$400.00  
Amount Tendered : \$100.00  
Amount Change : \$0.00  
Cashier ID : T04003

#500 BY VISA

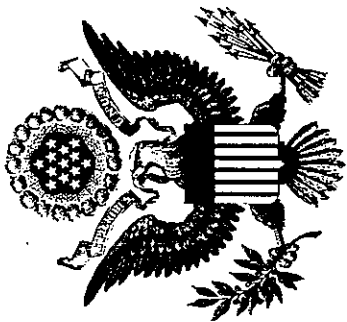
- CASH

Thank You For Your Payment.

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

|   |  |   |  |   |   |   |  |                                     |                 |  |
|---|--|---|--|---|---|---|--|-------------------------------------|-----------------|--|
| PERSONAL DATA   | 1. LAST NAME-FIRST NAME-MIDDLE NAME<br><b>SIKES PHILIP GEORGE</b>  |   |  |   | 2. SERVICE NUMBER<br><b>[REDACTED]</b>  |   | 3. SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>                       |                                     |                 |  |
|   | 4. DEPARTMENT COMPONENT AND BRANCH OR CLASS<br><b>ARMY RA UNASGD</b>   |   |  |   | 5a. GRADE, RATE OR RANK<br><b>SP4</b>   | b. PAY GRADE<br><b>E-4</b>  | 6. DATE OF RANK<br>DAY: <b>15</b> MONTH: <b>Sep</b> YEAR: <b>70</b>  |                                     |                 |  |
|   | 7. U. S. CITIZEN<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |   | 8. PLACE OF BIRTH (City and State or Country)<br><b>Pensacola Florida</b>  |   |   |   | 9. DATE OF BIRTH<br>DAY: <b>26</b> MONTH: <b>Jul</b> YEAR: <b>44</b> |                                     |                 |  |
| SELECTIVE SERVICE DATA  | 10a. SELECTIVE SERVICE NUMBER<br><b>47 76 44 645</b>   |   |  | b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY COUNTY STATE AND ZIP CODE<br><b>Local Board No 76<br/>Waukesha (Waukesha) Wisconsin 53186</b> |   |   | c. DATE INDUCTED<br>DAY: <b>NA</b> MONTH: <b>NA</b> YEAR: <b>NA</b>  |                                     |                 |  |
|   | 11a. TYPE OF TRANSFER OR DISCHARGE<br><b>Retired</b>   |   |  |   | b. STATION OR INSTALLATION AT WHICH EFFECTED<br><b>Brooke General Hospital Fort Sam Houston Texas</b> |   |  |                                     |                 |  |
| TRANSFER OR DISCHARGE DATA  | c. REASON AND AUTHORITY<br><b>Title 10 USC Section 1202 SPN 270<br/>Placed on Temporary Disability Retired List</b>  |   |  |   | d. EFFECTIVE DATE<br>DAY: <b>12</b> MONTH: <b>Nov</b> YEAR: <b>71</b>                                 |   |  |                                     |                 |  |
|   | 12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND<br><b>Med Co US Darnall Army Hosp Ft Hood TX</b>  |   |  |   | 13a. CHARACTER OF SERVICE<br><b>HONORABLE</b>   |   | b. TYPE OF CERTIFICATE ISSUED<br><b>None</b>                         |                                     |                 |  |
|   | 14. DISTRICT AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED<br><b>NA</b>   |   |  |   | 15. REENLISTMENT CODE<br><b>RE-4</b>  |   |  |                                     |                 |  |
|   | 16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION<br>DAY: <b>NA</b> MONTH: <b>NA</b> YEAR: <b>NA</b>  |   | 17. CURRENT ACTIVE SERVICE OTHER THAN BY INDOUCTION<br>a. SOURCE OF ENTRY<br><input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED<br><input type="checkbox"/> OTHER |   |   | b. TERM OF SERVICE (Years)<br><b>3</b>  | c. DATE OF ENTRY<br>DAY: <b>15</b> MONTH: <b>Sep</b> YEAR: <b>69</b> |                                     |                 |  |
| 18. PRIOR REGULAR ENLISTMENTS<br><b>None</b>  |  | 19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC<br><b>Pvt (E-1)</b>            |  | 20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)<br><b>Milwaukee Wisconsin</b>   |   |   |  |                                     |                 |  |
| 21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code)<br><b>3820 Glenn Echo<br/>Brookfield (Waukesha) Wisconsin 53005</b>   |  | 22. STATEMENT OF SERVICE  |  |   |   |   |  |                                     |                 |  |
| 23a. SPECIALTY NUMBER & TITLE<br><b>92B20 Medical Laboratory Spec</b>   |  | b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER<br><b>078.381 Medical Laboratory Assistant</b> |  | a. CREDITABLE FOR BASIC PAY PURPOSES  |   | (1) NET SERVICE THIS PERIOD   | YEARS: <b>2</b>  | MONTHS: <b>1</b>                    | DAYS: <b>28</b> |  |
|   |  |   |  |   |   | (2) OTHER SERVICE   | <b>0</b>   | <b>1</b>                            | <b>1</b>        |  |
|   |  |   |  |   |   | (3) TOTAL (Line (1) plus Line (2))  | <b>2</b>   | <b>2</b>                            | <b>29</b>       |  |
|   |  |   |  |   |   | b. TOTAL ACTIVE SERVICE   | <b>2</b>   | <b>1</b>                            | <b>28</b>       |  |
|   |  |   |  |   |   | c. FOREIGN AND/OR SEA SERVICE   | <b>0</b>   | <b>0</b>                            | <b>0</b>        |  |
| 24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED<br><b>National Defense Service Medal - Expert Badge (Rifle M14) - Good Conduct Medal</b>   |  |   |  |   |   |   |  |                                     |                 |  |
| 25. EDUCATION AND TRAINING COMPLETED<br><b>Medical Training Center Fort Sam Houston Texas - Medical Corpsman 10 Weeks Compl 1970<br/>US Darnall Army Hospital Fort Hood Texas - Medical Laboratory Technician 22 Weeks Compl 1970</b> |  |   |  |   |   |   |  |                                     |                 |  |
| VA AND EMP. SERVICE DATA  | 26a. NON-PAY PERIODS TIME LOST (Preceding Two Years)<br><b>None</b>  |   |  | b. DAYS ACCRUED LEAVE PAID<br><b>None</b>   |   | 27a. INSURANCE IN FORCE (NSLI or USGLI)<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  | b. AMOUNT OF ALLOTMENT<br><b>NA</b> |                 | c. MONTH ALLOTMENT DISCONTINUED<br><b>NA</b> |
|   |  |   |  | 28. VA CLAIM NUMBER<br><b>C- Not Available</b>  |   | 29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE<br><input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE |  |                                     |                 |  |
| REMARKS   | 30. REMARKS<br><b>Completed 17 years schooling<br/>Blood Group - "O+"<br/>Table 2-4 AR 601-280 Applies</b>   |   |  |   |   |   |  |                                     |                 |  |
| AUTHENTICATION  | 31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code)<br><b>3820 Glenn Echo<br/>Brookfield (Waukesha) Wisconsin 53005</b> |   |  |   |   | 32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED<br>   |  |                                     |                 |  |
|   | 33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER<br><b>THOMAS G MATHEWS 1ST LT MSC ASST ADJUTANT</b>   |   |  |   |   | 34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN<br>   |  |                                     |                 |  |

# Honorable Discharge



from the Armed Forces of the United States of America

*This is to certify that*

SPECIALIST FOUR PHILIP G. SIKES, [REDACTED]

*was Honorably Discharged from the  
United States Army*

*on the 31st day of JULY 1973 This certificate is awarded*

*as a testimony of Honor and Faithful Service*

*L. M. Mitchell*

L. M. MITCHELL  
MAJOR, UNITED STATES ARMY



DEPARTMENT OF VETERANS AFFAIRS  
REGIONAL OFFICE  
5000 WEST NATIONAL AVENUE  
BUILDING 6  
MILWAUKEE WI 53295

APR 05 2004

In Reply Refer To: 330/27v/jps  
C 27 178 389  
SIKES, P G

PHILIP G SIKES  
2207 S 56TH ST  
WEST ALLIS WI 53219

Dear Mr. Sikes:

We are writing to you about entitlement to VA benefits.

**What We Decided About Compensation Benefits**

We found the following disability has increased in severity effective February 9, 2004:

| <u>Condition</u>     | <u>Old Percentage</u> | <u>New Percentage</u> |
|----------------------|-----------------------|-----------------------|
| psychiatric disorder | 30%                   | 70%                   |

We granted entitlement to Individual Unemployability effective February 9, 2004. You will be paid at the 100% rate. Individual Unemployability is being awarded because your service connected disability(s) make you unable to secure or follow a substantially gainful occupation. You must notify us at once if you start to work again. **No future exam will be scheduled.**

We granted entitlement to Dependents' Educational Assistance (Chapter 35) effective February 9, 2004.

**How We Made Our Decision**

We have enclosed a copy of our Rating Decision for your review. It provides a detailed explanation about our decision. You can find the evidence we considered in the section titled "*Evidence.*" The reasons for our decision can be found in the portion of the rating titled "*Reasons for Decision*" or "*Reasons and Bases*".

**Monthly Benefits**

We processed an award in the amount(s) and from the date(s) shown below. Please understand that the law (38 U.S.C. 5305) indicates payments must begin the first day of the month after a veteran becomes entitled to the benefit.





Gallagher Bassett Services, Inc.

ROSEMARY COOPER  
RELEASE OF INFORMATION

February 3, 2004

Philip Sikes  
2207 S 56<sup>th</sup> St.  
West Allis, WI 53219

RE: Client: Technimet Corporation  
Claimant: Philip Sikes  
Claim No.: 001437-008775-WC-01

Dear Mr. Philip:

Would you please date and sign the attached authorization form and return it to our office in the enclosed self-addressed envelope provided for your convenience. Also please provide the names of all treating physicians below. If there are more, please continue on the back of this letter.

Thank you for your cooperation in this matter.

Sincerely,

Sue Prudlow (EP) 1/20/04

Sue Prudlow  
Claims Representative

Physicians:

Name Joshua CHARLSON, MD  
VA MEDICAL CENTER  
Address 5000 N. NATIONAL AVE.

GIERYL  
MH KINSHAW, PhD  
VA MEDICAL CENTER

City/State/Zip MILWAUKEE, WI 53295-0001

115 S. 84th St., Suite 100  
Milwaukee, WI 53214

414-258-1200  
414-258-1250 Fax

SG-SSA-16

RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY DISABILITY INSURANCE BENEFITS

SOCIAL SECURITY ADMINISTRATION  
6251 WEST FOREST HOME AVENUE  
MILWAUKEE, WISCONSIN 53220

PHILIP GEORGE SIKES  
2207 S 56 ST  
WEST ALLIS WI 53219

NAME OF PERSON TO CONTACT  
ABOUT YOUR CLAIM:

*J. Waldron*

: UNIT: LU9MCS :  
:  
:  
:  
:  
:  
:

THE TELEPHONE NUMBERS TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT ARE:

BEFORE YOU RECEIVE A NOTICE OF AWARD:

*(414) 546-9036 ext. 2*

AFTER YOU RECEIVE A NOTICE OF AWARD:

*1-800-772-12-13*

SOCIAL SECURITY INFORMATION IS ALSO AVAILABLE TO INTERNET USERS AT WWW.SOCIALSECURITY.GOV.

YOUR APPLICATION FOR SOCIAL SECURITY BENEFITS HAS BEEN RECEIVED AND WILL BE PROCESSED AS QUICKLY AS POSSIBLE.

YOU SHOULD HEAR FROM US WITHIN 30 DAYS AFTER YOU HAVE GIVEN US ALL THE INFORMATION WE REQUESTED. SOME CLAIMS MAY TAKE LONGER IF ADDITIONAL INFORMATION IS NEEDED.

IN THE MEANTIME, IF YOU CHANGE YOUR ADDRESS, OR IF THERE IS SOME OTHER CHANGE THAT MAY AFFECT YOUR CLAIM, YOU - OR SOMEONE FOR YOU - SHOULD REPORT THE CHANGE.

ALWAYS GIVE US YOUR CLAIM NUMBER WHEN WRITING OR TELEPHONING ABOUT YOUR CLAIM. IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, WE WILL BE GLAD TO HELP YOU.

WE ARE RETURNING ANY DOCUMENT(S) YOU MAY HAVE SUBMITTED WITH YOUR APPLICATION.

CLAIMANT  
PHILIP G SIKES

SOCIAL SECURITY CLAIM NO.  
~~XXXXXXXXXXXX~~ "HA"

*\$ 1284.00*

*4<sup>th</sup> weds of each month*

*waiting Period 2-6/2004*



SIKES PHILIP G  
2207 S 56TH ST

MILWAUKEE, WI 53219

*#255.00  
15 MAR '04*

DEPARTMENT OF PUBLIC WORKS - TOW LOT  
3811 West Lincoln Avenue - Milwaukee, WI 5321  
Ph: (414) 286-2700 - Fax: (414) 286-5093  
TDD: (414) 286-2025

Notice Date: 03/04/2004  
Tow Number: T00029381  
Date of Placard: 03/03/2004  
Time of Placard: 02:47 PM  
License Number: WI RDHAWK  
Vehicle Yr and Make: 96 PONT  
VIN Number: ~~XXXXXXXXXX~~  
Vehicle Addr: 3217 S 48TH ST

**NOTICE OF VEHICLE PLACARD**

If the vehicle listed above is not moved within 72 hours of the date and time of the placard as shown on this notice, the vehicle will be ticketed and towed as abandoned to the City of Milwaukee Tow Lot located at 3811 W. Lincoln Avenue, Milwaukee Wisconsin. Once the vehicle is towed, you will owe both a towing reclamation fee of \$95 and an \$20 daily storage fee.

The Tow Lot hours of operation are 8:00 a.m. to 6:00 p.m., Monday through Friday, and Saturday from 8:00 a.m. to Noon. The Tow Lot is closed on the following holidays: January 1<sup>st</sup>, Martin Luther King Jr. Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve, Christmas Day and December 31.

If your vehicle is towed you may obtain your vehicle at 3811 W. Lincoln Avenue any time during regular business hours.

**TO RECLAIM YOUR VEHICLE, YOU MUST BRING THE FOLLOWING TO THE TOW LOT:**

- 1) Vehicle title (must be in owner's name).
- 2) A valid driver's license (if you are driving the vehicle from the lot). If you do not have a driver's license, you must have a photo ID and be accompanied by someone with a valid driver's license.
- 3) To retrieve a vehicle on behalf of an owner, you must have the vehicle title, a driver's license or photo ID and be accompanied by someone with a valid license and have a signed, notarized letter or release form from the vehicle owner authorizing you to pick up the vehicle. The notarized letter and release form must identify the vehicle by color, make, model, VIN, license-plate number and tow number. Insurance companies and tow companies must have a notarized letter or signed release form.
- 4) Cash, cashier's check, money order, VISA or Mastercard are accepted for payment. The vehicle reclamation fee is \$95 plus \$20 per-day for storage. **You are not required to pay for open citations in order to reclaim your vehicle.**

You may reclaim loose or personal property from within the vehicle by presenting proof of ownership and a valid picture ID at the tow lot. Personal property in the vehicle will be returned free of charge during posted business hours, but will be destroyed if your vehicle is unclaimed. If you do not claim your vehicle within 15 days from the date shown on the notice notifying you that your vehicle has been towed, your vehicle could be destroyed or sold by the City.

**TO DISPUTE THE LEGALITY OF YOUR TOW, YOU MAY OBTAIN A REVIEW BY THE CITY ATTORNEY AT 951 N. JAMES LOVELL STREET, ROOM 205.**

**If you are no longer the owner of this vehicle, or have any questions about this notice, please contact the City of Milwaukee Tow Lot at (414) 286-2700 during the business hours listed above.**

DPWTOW-100-0

*ORDINANCE ENFORCEMENT DIV  
286-2676  
7TH & STATE - CITATION REV BOARD  
205  
CARHER FALSON  
~~XXXXXXXXXX~~  
344-0840*



SIKES PHILIP G  
2207 S 56TH ST

MILWAUKEE, WI 53219

DEPARTMENT OF PUBLIC WORKS - TOW LOT  
3811 West Lincoln Avenue - Milwaukee, WI 53219  
Ph: (414) 286-2700 - Fax: (414) 286-5093  
TDD: (414) 286-2025

**NOTICE DATE: 03/08/2004**  
TOW NUMBER: T00029381  
DATE OF TOW: 03/07/2004  
LICENSE NUMBER: WI RDHAWK  
VEHICLE YEAR AND MAKE: 96 PONT  
VIN NUMBER: [REDACTED]  
OFFENSE REPORT FILE NO:  
REASON FOR TOW: 71 24 HR TOW  
TOW ADDRESS: 3217 S 48TH ST

#### NOTICE OF TOWED VEHICLE

The vehicle listed above has been towed and impounded and may be reclaimed at the City of Milwaukee Tow Lot located at 3811 W. Lincoln Avenue, Milwaukee, Wisconsin.

If this vehicle is not claimed within 15 days from the above NOTICE DATE, it may be sold or destroyed by the City of Milwaukee. (If the 15<sup>th</sup> day is a Sunday or a holiday, you have until the close of the next business day to reclaim your vehicle.) **PLEASE ACT PROMPTLY!**

You may obtain your vehicle at 3811 W. Lincoln Avenue any time during regular business hours.

The Tow Lot hours of operation are 8:00 a.m. to 6:00 p.m., Monday through Friday, and Saturday from 8:00 a.m. to Noon. The Tow Lot is closed on the following holidays: January 1st, Martin Luther King Jr. Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve, Christmas Day and December 31.

#### TO RECLAIM YOUR VEHICLE, YOU MUST BRING THE FOLLOWING TO THE TOW LOT:

- 1) Vehicle title (must be in owner's name).
- 2) A valid driver's license (if you are driving the vehicle from the lot). If you do not have a driver's license, you must have a photo ID and be accompanied by someone with a valid driver's license.
- 3) To retrieve a vehicle on behalf of an owner, you must have the vehicle title, a driver's license or photo ID and be accompanied by someone with a valid license and have a signed, notarized letter or release form from the vehicle owner authorizing you to pick up the vehicle. The notarized letter and release form must identify the vehicle by color, make, model, VIN, license plate number and tow number. Insurance companies and tow companies must have a notarized letter or signed release form.
- 4) Cash, cashier's check, money order, VISA or Mastercard are accepted for payment. The vehicle reclamation fee is \$95 plus \$20 per-day for storage. **You are not required to pay for open citations in order to reclaim our vehicle.**

You may reclaim loose or personal property from within the vehicle by presenting proof of ownership and a valid picture ID at the tow lot. Personal property in the vehicle will be returned free of charge during posted business hours, but will be destroyed if your vehicle is unclaimed. **If you do not claim your vehicle within 15 days of this notice date, your vehicle could be destroyed or sold by the city.**

TO DISPUTE THE LEGALITY OF YOUR TOW, YOU MAY OBTAIN A REVIEW BY THE CITY ATTORNEY AT 951 N. JAMES LOVELL STREET, ROOM 205.

If you are no longer the owner of this vehicle, or have any questions about this notice, please contact the City of Milwaukee Tow Lot at (414) 286-2700 during the business hours listed above.

PWTOW-500-0

CERTIFIED MAIL



SIKES PHILIP G  
2207 S 56TH ST

MILWAUKEE, WI 53219

DEPARTMENT OF PUBLIC WORKS - TOW LOT  
3811 West Lincoln Avenue - Milwaukee, WI 53211  
Ph: (414) 286-2700 - Fax: (414) 286-5093  
TDD: (414) 286-2025

*Handwritten:*  
\$815.00  
# 45512 - 19 APR 04

NOTICE DATE: 03/12/2004  
Disposition Date: 05/12/2004  
BID NUMBER: 2230  
TOW NUMBER: T00029381  
DATE OF TOW: 03/07/2004  
LICENSE NUMBER: WI RDHAWK  
VEHICLE YEAR AND MAKE: 96 PONT  
VIN NUMBER: [REDACTED]  
TOW ADDRESS: 3217 S 48TH ST  
REGISTERED OWNER: SAME  
VIN OWNER:

**SECOND NOTICE - CERTIFIED NOTICE OF VEHICLE DISPOSAL**

The vehicle listed above has been towed and impounded at the City of Milwaukee Tow Lot located at 3811 W. Lincoln Avenue, Milwaukee Wisconsin and has been unclaimed for 7 days.

Pursuant to Section 105-65 of the Milwaukee Code of Ordinances, your vehicle has been appraised and found to have a scrap value of more than \$200. You have until the close of business on the above listed RECLAMATION DATE to reclaim your vehicle or it will be sold or destroyed by the City of Milwaukee. (If the reclamation date is a Sunday or a holiday, you have until the close of the next business day to reclaim your vehicle.) PLEASE ACT PROMPTLY!

**YOUR FAILURE TO RECLAIM THE VEHICLE SHALL BE DEEMED A WAIVER OF ALL RIGHT, TITLE AND INTEREST IN THE VEHICLE AND A CONSENT TO THE SALE OF THE VEHICLE BY THE CITY.**

You may obtain your vehicle at 3811 W. Lincoln Avenue any time during regular business hours.

The Tow Lot hours of operation are 8:00 a.m. to 6:00 p.m., Monday through Friday, and Saturday from 8:00 a.m. to Noon. The Tow Lot is closed on the following holidays: January 1<sup>st</sup>, Martin Luther King Jr. Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve, Christmas Day and December 31.

**TO RECLAIM YOUR VEHICLE, YOU MUST BRING THE FOLLOWING TO THE TOW LOT:**

- A) Vehicle title (must be in owner's name).
- B) A valid driver's license (if you are driving the vehicle from the lot). If you do not have a driver's license, you must have a photo ID and be accompanied by someone with a valid driver's license.
- C) To retrieve a vehicle on behalf of an owner, you must have the vehicle title, a driver's license or photo ID and be accompanied by someone with a valid license and have a signed, notarized letter or release form from the vehicle owner authorizing you to pick up the vehicle. The notarized letter and release form must identify the vehicle by color, make, model, VIN, license plate number and tow number. Insurance companies and tow companies must have a notarized letter or signed release form.
- D) Cash, cashier's check, money order, VISA or Mastercard are accepted for payment. The vehicle reclamation fee is \$95 plus \$20 per-day for storage. **You are not required to pay for open citations in order to reclaim your vehicle.**

You may reclaim loose or personal property from within the vehicle by presenting proof of ownership and a valid picture ID at the tow lot. Personal property in the vehicle will be returned free of charge during posted business hours, but will be destroyed if your vehicle is unclaimed.

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If you are no longer the owner or lienholder of this vehicle, or have any questions about this notice, please contact the City of Milwaukee Tow Lot at (414) 286-2700 during the business hours listed above.