

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

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

TO: American Family Insurance
Attn: Michelle Gengle, Property Claim Analyst
440 N Executive Dr
Brookfield, WI 53005-4280

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: 050393

Regarding: Property Damage Claim on behalf of

Amount of Claim: \$10,379.32

Claim Disallowed on: July 26, 2005

Dated this 26th day of July, 2005.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

7000 0520 0020 0250 0002

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement)

Total Postage

Postmark Here

Recipient
Street, Apt
City, State, ZIP+4

American Family Insurance
Attn: Michelle Gengle
440 N Executive Dr
Brookfield WI 53005-4280

PS Form 3800, February 2000 See Reverse for Instructions

Ronald Leonhardt
City Clerk