

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 Jan 17 20 02

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

Claim or Account No. 72884 12/29/1999

Department: DPW-ADMINISTRATION

Due from:
Name: ROBERT DUNBAR

Amount of claim or account as billed.....	\$ 5531.00
Recommended Adjustment.....	\$ 5381.00
Adjusted Balance.....	\$ 150.00

Basis for recommendation of cancellation or adjustment:

PER KOHN, JUDGMENT ENTERED 01/04/02. JUDGMENT TO REMAIN OF RECORD.

Submitted by Jean Rossette
DPW-ADMINISTRATION Department

Adjustment or cancellation approved
by [Signature]
City Attorneys Office

Date: January 23 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]
Department Head
Date: 01/17 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)