

CITY OF MILWAUKEE

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney

From: FIRE Department Date 04/17/2008 20

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

Claim or Account No. #3280000009, 02/07/2007

Department FIRE
Due from: MILW PROFESSIONAL FIREFIGHTERS ASSN
Name: -Local 215
Address 5625 W Wisconsin Av
MILWAUKEE, WI 53213

Amount of claim or account as billed	\$ 6,833.35
Recommended Adjustment	\$ 6,833.35
Adjusted Balance	\$ -0-

Basis for recommendation of cancellation or adjustment:

Provisions of the Local 215, 2007-2009 contract stipulate that Bank of Hours for Association activity "effective upon execution of the Agreement, all monies owed to the City through the end of calendar year 2007 shall be considered paid in full".

Submitted By [Signature]
FIRE Department
Adjustment or cancellation approved

by Megan Cump
City Attorneys Office
Date: 4-21 20 08

C.A. File No. _____

In accordance with section 304-3 1 of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

by [Signature: Douglas J. Holton] Department Head
Date: Apr 17 20 08

In accordance with section 304-3 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)