

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

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

TO: E. Hokanson
2935 N. Prospect Ave
Milwaukee, Wisconsin 53211

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: 041460

Regarding: Personal damages

Amount of Claim: \$939,000

Claim Disallowed on: March 16, 2005

Dated this 16th day of March, 2005.

Ronald

Ronald
City C

Form: Disallow

7000 0600 0022 2784 2749

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To:	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Name (Please Print Clearly) (to be completed by mailer)	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
U.S. Form 3800 July 1999	
See Reverse for Instructions	