

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney

From: FIRE Department Date 8/30/2006 19  

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

Claim or Account No. 32928 2/27/1991

Department: FIRE

Due from: Name: WAUWATOSA FIRE DEPARTMENT

Address 1463 Underwood Av

WAUWATOSA, WI 53213

Amount of claim or account as billed .....	\$ <u>25,333.00</u>
Recommended Adjustment .....	\$ <u>25,333.00</u>
Adjusted Balance .....	\$ <u>-0-</u>

Basis for recommendation of cancellation or adjustment:  
Statue of Limitations has run.

Submitted by [Signature] FIRE Department js

Adjustment or cancellation approved

by [Signature] City Attorneys Office

Date: 9/18 1906

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] FIRE Department Head

Date: 09/13/2006 19  

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: \_\_\_\_\_ 19  

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)