

REQUEST FOR VACATION OF IN REM JUDGMENT

FOLLOW THE INSTRUCTIONS LISTED BELOW:

1. Type or print firmly with ball point pen.
2. Use separate form for each property.
3. Check the copy of the attached ordinance for guidelines and eligibility. No written request to proceed under the ordinance may be submitted for consideration to the Common Council where more than 45 days has elapsed from the date of entry of the in rem judgment to the date of receipt of the request by the City Clerk.
4. Administrative costs totaling \$1370 must be paid by Cashiers Check to the City Treasurer's Office prior to acceptance of this application.
5. Complete boxes a, b, c, d, and e.
6. Forward completed application to City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202

APPLICANT INFORMATION:

A. PROPERTY ADDRESS	1721 S. 19 TH ST.		
TAX KEY NUMBER	460-1702-000-5		
NAME OF APPLICANT	JUNE M. SMITH		
MAILING ADDRESS	10626 W BECHER ST		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
West Allis, WI		53227	414-545-8359

B. FORMER OWNER	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
If no, describe interest in this property _____		
C. LIST ALL OTHER REAL PROPERTY IN THE CITY OF MILWAUKEE THAT THE FORMER OWNER HAS AN OWNERSHIP INTEREST IN (If not applicable, write NONE).		
NONE		
(Use reverse side, if additional space is needed.)		

D. HAVE MONIES FOR ADMINISTRATIVE COSTS BEEN DEPOSITED WITH THE CITY TREASURER'S OFFICE: (Documentation must be attached)	E. DEPARTMENT OF BUILDING INSPECTION FILING: Have applications to record the subject property and any other unrecorded properties in which the former owner has an ownership interest been filed with the Department of Building Inspection per s. 200-51.5?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Applicant warrants and represents that all of the information provided herein is true and correct and agrees that if title to the property is restored to the former owner, applicant will indemnify and hold City harmless from and against any cost or expense which may be asserted against City as a result of its being in the chain of title to the property. **Applicant understands that if this request is withdrawn or denied, the City shall retain all of the administrative costs applicant paid.**

APPLICANT'S SIGNATURE June M. Smith DATE 8-16-04
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Payment Receipt

CT-11

Office of the City Treasurer • City Hall, Room 103
200 East Wells Street • Milwaukee, Wisconsin 53202
Telephone: (414) 286-2240

Received of: Jane Smith

Tax Account No.: 460-1702-3

Property Address: 1721 S. 19 St.

Cash \$ 1370.00 Check \$ _____

Installment Payment Bond Payment

Delinquent Tax Payment Year: cash
in Rem 04-01

Current Collection Tax Payment

Duplicate Tax Bill Fee Other

Received by: Sue H.

Date: 8-16-04