

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

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

TO: Yvonne Johnson
3761 N. 60th Street, Apt. 3
Milwaukee, Wisconsin 53216

*A.T.T.Y.
MARK Thompson*

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: 041461

Regarding: Personal injuries

Amount of Claim: \$50,000

Claim Disallowed on: March 16, 2005

Dated this 16th day of March, 2005.

Ronald

Ronald
City C

Form: Disallow

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: _____

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

7000 0600 0022 2784 2763

Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No., or PO Box No.

City, State, ZIP+4

See Reverse for Instructions