



RESOLUTION REQUIRED

Form CBP 177 (Rev. 3/01)

CITY OF MILWAUKEE

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney

From: DPW-ADMINISTRATION Department Date Oct 23 20 02

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

Claim or Account No 80682 11/06/2000

Department: DPW-ADMINISTRATION

Due from: Name: TIFFANY WHATLEY

Amount of claim or account as billed.....	\$ 9875.00
Recommended Adjustment.....	\$ 9875.00
Adjusted Balance.....	\$ 0.00

Basis for recommendation of cancellation or adjustment:

PER KOHN, JUDGMENT ENTERED ON 10-15-02. JUDGMENT TO REMAIN OF RECORD.

Submitted by Joan Rossetti DPW-ADMINISTRATION Department

Adjustment or cancellation approved

by City Attorneys Office

Date: 20

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 Department Head

Date: 10/28 2002

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: 20

- 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)