Kenneth Basterash 2160 South Layton Blvd Milwaukee, WI 53215 May 22, 2007 2007 MAY 25 PM 1: 04
RON:

City Of Milwaukee City Clerk 200 East Wells Street Room 205 Milwaukee, WI 53202-3567

### Dear City Clerk Representative:

I am writing this letter to request reimbursement for the cost of repairs to sewer system connected to my home at 2160 South Layton Blvd. The documentation enclosed will show you that the city should have been responsible for the cost of these repairs and as such I am asking for that amount to be reimbursed to me.

On March 22, 2007 I went down to my basement and found a flood of water covering the area from a sewer system backup. I called a plumber to take care of the issue at a cost of \$189. I believed this to be the only thing required and paid the plumber for work completed on March 23, 2007. A copy of this work order is enclosed.

Within a few days the problems returned, only worse. On March 27, 2007 the plumber was called again and returned to the house for another estimate of work required. The cost of this repair was a total of \$8151. Again, I have enclosed a letter from the Plummer who completed the work and received compensation for the work completed. In his documentation you will note a detailed account of what work was required and why.

The total cost of reimbursement I am looking for is \$8340 to cover the cost of the two repair orders. Should you need to reach me for further clarification, you may contact me by phone at (414) 384-4583. I look forward to a prompt resolution to this claim.

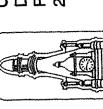
Kennett Bosterast 5/24/07

Sincerely,

Kenneth Basterash

Enclosure

Color Code
White - Contractor
Pink - Plumbing inspector
Ysllow - Dept. Concerned



City of Milwaukee Department of Neighborhood Services Plumbing Inspection Section 286-3361

Date 3-29.07

Time 4.10

Plumber The Plumbing Doctor INC Address of Job 2160 S. 27+45+ in Boulevard

アなご Combine Connecting Work to Be Checked 677 Plumbing Inspector

Strappa 13 with rubbersaddle connecting 119(2) o k Sut Sut checks Decision Sewer Maintenance Combine main Main acound 7

Signature (1)

296

60:

Date Time

Call Sewer Engineering 286-2478 For Permission (If necessary, sketch on reverse side)

DNS-57

# Work Order/Invoice

PŁUMBING DOCTOR INC.

## **SEWER & DRAIN**

P.O. Box 544 Greendale, WI 53129

(414)525-9311 Milwaukee • (262) 549-0818 Waukesha (262) 632-1332 Racine/Kenosha • Fax: (414)529-9366

All drains cleaned . Sewer Camera Inspection All plumbing repairs • 24 hour emergency service Quality Service with Professionals You Can Trust MP # 223902

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### Please Pay From This Invoice - No Statement Rendered

WORK AUTHORIZATION: Authorization to proceed without complications due to unforeseen problems with the above diagnosis/solution - I the undersigned, am owner/a representative/tenant of the premises at which the work mentioned above is to be done. I hereby authorize you to perform diagnosis/solution, and to use such labor and materials as you deem advisable. If your check bounces, you could be liable to 3-times the amount of the check or \$100.00, whichever is more, plus the face value of the check and court costs. I have read and agree to all the terms and conditions set forth on the face and reverse side here-of. I hereby authorize you to proceed with the above work. Being now forewarned that aged and deteriorated plumbing fixtures, piping, and appurtenance no longer be serviceable, I agree to hold The Plumbing Doctor, Inc. blameless for any damage or destruction to same as result of conventional repair efforts. The undersigned hereby agree that, in the event of default in payment of any amount due, and if this account is placed in the hands of a collection agency or attorney for collection or legal action, to pay any additional charge equal to the cost of collection including agency and attorney fees and court costs included, PRIME CONTRACTOR INITIAL NOTICE OF LIEN RIGHTS: Wis. Stat. #779.02(2) (1997) You are hereby notified that persons or companies furnishing labor or materials for the construction on your property may have lien rights on your land and buildings if they are not paid. Those entitled to lien rights, in addition to the undersigned contractor, are those who contract directly with you or those who give you identification notice within sixty (60) days after they first furnish labor or materials for the construction. You probably will receive notices from those who furnish labor or materials for the construction, and you should give a copy of each notice you receive to your mortgage lender, if any. Builder agrees to cooperate with you and your lender, if any, to see that all potential lien claimants are duly paid. Signature <u>v</u>

#### Warranty

All materials supplied by The Plumbing Doctor are covered by the manufacturers written warranty

Workmanship Warranteed for 30 days Unless Otherwise Marked

Paid by:	CKC.C Cash_	Auth. #
Card		Ехр
Acceptance	ling / 1.5 % per month accum of Work Performed. I find the	ulated after 30 days. Auth. Byservices and materials rendered and installed

in connection with the above work mentioned is completed in a satisfactory manner. I agree that the amount set forth on this contract in the space labeled TOTAL to be the total and complete charges. I acknowledge that I have received a legible copy of this

	Your Old Parts  p 🔲 Leave Scrap
Estimate	
Service call includes Travel Fee	
Job	751
Tax R & W - 5.1 K - 5.5 M - 5.6	
Total job	
Deposit	
Amount	

Due

# Work Order/Invoice

PE.UMBING	DOCTOR	INC.

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All plumbing repairs • 24 hour emergency service
Quality Service with Professionals You Can Trust

MP # 223902

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17689

PRICE

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	19982
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Paid by:	CK C.C Cash Auth. #
Card	Exp
30 Day Bill	ling / 1.5 % per month accumulated after 30 days. Auth. By

30 Day Billing / 1.5 % per month accumulated after 30 days. Auth. By Acceptance of Work Performed. I find the services and materials rendered and installed in connection with the above work mentioned is completed in a satisfactory manner. I agree that the amount set forth on this contract in the space labeled TOTAL to be the total and complete charges. I acknowledge that I have received a legible copy of this

Estimate	
CSUITALE	
Service call includes Travel Fee	
Job	1290
Tax	
R & W - 5.1	
K - 5.5	
M - 5.6	
Total job	