

CITY OF MILWAUKEE

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney

From: FIRE Department Date 04/17/2008 2008

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

Claim or Account No. 328000020, 4/17/2008

Department <u>FIRE</u>	Amount of claim or account as billed .....	\$ <u>47,747.77</u>
Due from: <u>MILW PROFESSIONAL FIREFIGHTERS ASSN</u>	Recommended Adjustment .....	\$ <u>47,747.77</u>
Name: <u>Local 215</u>	Adjusted Balance .....	\$ <u>-0-</u>
Address <u>5625 W Wisconsin Av</u>		
<u>MILWAUKEE, WI 53213</u>		

Basis for recommendation of concellation or adjustment:

Provisoins of the Local 215, 2007-2009 contract stipulate that Bank of Hours for Association activity "effective upon execution of the Agreement, all monies owed to the City through the end of calendar year 2007 shall be considered paid in full".

Submitted By [Signature] FIRE Department  
Adjustment or cancellation approved

by Megan Cump  
City Attorneys Office  
Date: 4-21 20 08

C.A. File No. \_\_\_\_\_

In accordance with section 304-3 1 of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

by Douglas A Holton Department Head  
Date: April 24 20 08

In accordance with section 304-3 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)