

CITY OF MILWAUKEE

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney

From: FIRE 4/06/2000 Department Date 8/30/2005 19   

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

Claim or Account No. 48515 4/06/2000

Department: FIRE

Due from: Hernandez, Juan

Name: Hernandez, Amelia

Address 1104 W Madison St

Milwaukee, WI 53204

Amount of claim or account as billed ..... \$ 5,246.46

Recommended Adjustment ..... \$ 5,246.46

Adjusted Balance ..... \$ -0-

Basis for recommendation of cancellation or adjustment:

Collections efforts have been exhausted.

Submitted by [Signature] FIRE Department js

Adjustment or cancellation approved

by \_\_\_\_\_  
City Attorneys Office

Date: \_\_\_\_\_ 19\_\_\_\_

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 [Signature]  
FIRE Department Head

Date: 09/13/2005 19\_\_\_\_

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: \_\_\_\_\_ 19\_\_\_\_

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)