

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

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

TO: West Bend Mutual Insurance Co.
Attn: Jeana Steffens
1900 S. 18th Street
West Bend, WI 53095

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: 040906

Regarding: vehicle damage of your insured, Sylvia J. Barnett

Amount of Claim: \$6,366.00

Claim Disallowed on: November 23rd, 2004

Dated this 23rd day of November, 2004.

Ronald
Ronald
City Clerk

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	\$	

Name (Please Print Clearly) (to be completed by mailer) *Steffens*
West Bend Mutual Insurance
Street, Apt. No., or PO Box No.
1900 S. 18th St
City, State, ZIP+4
West Bend, WI 53095

7000 0600 0000 0022 2784 3470

PS Form 3800, July 1999 See Reverse for Instructions