

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 Aug 8 20 05

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

Claim or Account No 88429 05/12/2004

Department: DPW-ADMINISTRATION

Due from:

Name: DOMINGO J. DEJESUS GONZALEZ

Amount of claim or account as billed.....	\$ 7237.10
Recommended Adjustment.....	\$ 7237.10
Adjusted Balance.....	\$ 0.00

**Basis for recommendation of cancellation or adjustment:**

PER KOHN, INVOICE TO BE CANCELLED. NO KNOWN JOB OR ASSETS. JUDGMENT TAKEN ON 12/13/04, JUDGMENT TO REMAIN OF RECORD.

Submitted by Jean Rossetti  
DPW-ADMINISTRATION Department  
 Adjustment or cancellation approved  
 by [Signature]  
8/17 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 [Signature]  
DPW-Admin Department Head  
 Date: 08/15 20 05

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)