

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 May 10 20 02

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

Claim or Account No. 83467 12/03/2001

Department: DPW-ADMINISTRATION

Due from:  
Name: BRANDON M. COPELAND

Amount of claim or account as billed.....	\$ 7279.20
Recommended Adjustment.....	\$ 7279.20
Adjusted Balance.....	\$ 0.00

Basis for recommendation of cancellation or adjustment:

PER KOHN, JUDGMENT ENTERED ON 05-01-02. JUDGMENT TO REMAIN OF RECORD.

Submitted by Joan Rossette  
DPW-ADMINISTRATION Department

Adjustment or cancellation approved

by \_\_\_\_\_  
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 Daniel P. [Signature]  
DPW-ADMINISTRATION Department Head

Date: 05/14 20 02

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)