

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 Mar 29 20 06

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

Claim or Account No 45754 09/09/1998

Department: DPW-ADMINISTRATION

Due from:
Name: MICHAEL J VANA

Amount of claim or account as billed.....	\$ 6050.00
Recommended Adjustment.....	\$ 6050.00
Adjusted Balance.....	\$ 0.00

Basis for recommendation of cancellation or adjustment:

PER KOHN, INVOICE TO BE CANCELLED. MAJORITY OF NEGLIGENCE FELL ON THE CITY, COUNTERCLAIM FILED BY THE DEFENDENT. NOT WORTH SUIT.

Submitted by Jean Rossetti
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 Deirdre R. Schulz
DPW-ADMINISTRATION Department Head
Date: 04/06 20 06

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
(Gold/rod) - Originator
(Detach prior to submitting to City Attorney's Office)



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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 06

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

Claim or Account No 90541 09/09/2005

Department: DPW-ADMINISTRATION

Due from:
Name: ELLAMAE R. GONZALEZ

Amount of claim or account as billed.....	\$ 10540.00
Recommended Adjustment.....	\$ 10540.00
Adjusted Balance.....	\$ 0.00

Basis for recommendation of cancellation or adjustment:

PER KOHN, JUDGMENT ENTERED ON 05-02-06. JUDGMENT TO REMAIN OF RECORD.

Submitted by Jean Rossetti
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 Debra R. J. [Signature]
DPW-Adm Department Head
Date: 05/22 20 06

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 ____

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CITY OF MILWAUKEE
CANCELLATION OF ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney

From: DPW-ADMINISTRATION Department Date Mar 13 20 06

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

Claim or Account No 90441 08/19/2005

Department: DPW-ADMINISTRATION

Due from:
Name: BRANDON L. WILLIAMS

Amount of claim or account as billed.....	\$ 6708.58
Recommended Adjustment.....	\$ 6708.58
Adjusted Balance.....	\$ 0.00

Basis for recommendation of cancellation or adjustment:

PER KOHN, JUDGMENT ENTERED ON 03-08-06. JUDGMENT TO REMAIN OF RECORD.

Submitted by Jan Rosselli
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 Diana P. Selig
DPW-Admin Department Head

Date: 03/14 20 06

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 ____

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CITY OF MILWAUKEE
CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney

From: DPW-ADMINISTRATION Department Date Mar 28 20 06

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

Claim or Account No 90313 07/12/2005

Department: DPW-ADMINISTRATION

Due from:
Name: MICHAEL C. DESCH

Amount of claim or account as billed.....	\$ <u>7045.74</u>
Recommended Adjustment.....	\$ <u>7045.74</u>
Adjusted Balance.....	\$ <u>0.00</u>

Basis for recommendation of cancellation or adjustment:

PER KOHN, JUDGMENT TAKEN ON 03-07-06. JUDGMENT TO REMAIN OF RECORD.

Submitted by Jean Rossetti
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 Dianna P. [Signature]
DPW-ADMINISTRATION Department Head
Date: 03/28 20 06

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 ____

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CITY OF MILWAUKEE

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney

From: DPW-ADMINISTRATION Department Date Jan 23 20 06

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

Claim or Account No 90208 06/21/2005

Department: DPW-ADMINISTRATION

Due from:
Name: MARILYN B. PATTERSON

Amount of claim or account as billed.....	\$ 6850.46
Recommended Adjustment.....	\$ 6850.46
Adjusted Balance.....	\$ 0.00

Basis for recommendation of cancellation or adjustment:

PER KOHN, JUDGMENT TAKEN ON 01-11-06. 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 Diana R. Taylor
DPW-ADMINISTRATION Department Head

Date: 1/26 2006

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:
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CITY OF MILWAUKEE

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney

From: DPW-ADMINISTRATION Department Date Jan 23 20 06

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

Claim or Account No. 90106 05/16/2005

Department: DPW-ADMINISTRATION

Due from:
Name: VICTOR DOMINGUEZ

Amount of claim or account as billed.....	\$ <u>6922.72</u>
Recommended Adjustment.....	\$ <u>6922.72</u>
Adjusted Balance.....	\$ <u>0.00</u>

Basis for recommendation of cancellation or adjustment:

PER KOHN, JUDGMENT ENTERED ON 01-12-06. JUDGMENT TO REMAIN OF RECORD.

Submitted by Jean 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. Foley
DPW-ADMINISTRATION Department Head

Date: 1/26 20 06

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:
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RESOLUTION REQUIRED

CITY OF MILWAUKEE
CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney

From: DPW-ADMINISTRATION Department Date Feb 6 20 06

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

Claim or Account No 89575 01/07/2005

Department: DPW-ADMINISTRATION

Due from:
Name: JAIZON B. PLAGA

Amount of claim or account as billed.....	\$ <u>7022.40</u>
Recommended Adjustment.....	\$ <u>7022.40</u>
Adjusted Balance.....	\$ <u>0.00</u>

Basis for recommendation of cancellation or adjustment:

PER KOHN, JUDGMENT ENTERED ON 01-25-06. JUDGMENT TO REMAIN OF RECORD.

Submitted by Jean Rossetti
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 Lopez
DPW-ADM Department Head
Date: 2/14 20 06

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 ____

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CITY OF MILWAUKEE

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney

From: Port of Milwaukee Department Date December 29, 20 05

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

Claim or Account No. Invoice #76749 dated 11/13/2000

Department <u>Port of Milwaukee</u>	Amount of claim or account as billed	\$ <u>11,069.04</u>
Due from:	Recommended	
Name: <u>MILWAUKEE BULK TERMINALS, INC.</u>	Adjustment	\$ <u>(11,069.04)</u>
Address <u>1900 S. Harbor Drive</u>	Adjusted	
<u>Milwaukee, WI 53207</u>	Balance	\$ <u>-0-</u>

Basis for recommendation of concellation or adjustment:

Customer billed incorrectly. Job rebilled on Invoice #76800 dated 11/28/2000. See Attached copy of each invoice.

Submitted By *Hattie E. Billingsley*
Port of Milwaukee Department
Adjustment or cancellation approved

by _____
City Attorneys Office

Date : _____ 20 _____

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 *Eric C. Kinnelt* Department Head
Date: December 29, 20 05

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:**
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 (Canary) Originating department of claim or account
 (Pink) City Attorney's Office
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RESOLUTION REQUIRED

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**CITY OF MILWAUKEE
CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT**

To: City Attorney

From: DPW-ADMINISTRATION

Department

Date Mar 29 20 06

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

Claim or Account No 87142 09/22/2003

Department: DPW-ADMINISTRATION

Due from:

Name: ERIC GROVES

Amount of claim or account as billed.....	\$ 9902.94
Recommended Adjustment.....	\$ 9902.94
Adjusted Balance.....	\$ 0.00

Basis for recommendation of cancellation or adjustment:

PER KOHN, INVOICE TO BE CANCELLED. DEFENDENT IS DECEASED, TIME FOR FILING AGAINST THE ESTATE HAS RUN.

Submitted by

Jean Rosette
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 _____

David R. [Signature]
DPW-Admin

Department Head

Date: 04/06 20 06

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 ____

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