Resolution Keguired

Form CBP 177 (Rev. 3/01)

CITY OF MILWAUKEE

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney From: DPW-ADMINISTRATION	Depa	rtment	Date MAY	28	20 <u>09</u>
I recommend that the following claim or	account be adjusted or can	celled as in	dicated.		
Claim or Account No 5140000407 06-0	6-08			•	
	Amo	unt of clair	n or :d\$ ^	7508.26	
Department: DPW-ADMINISTRATIO	N Reco	mmended	\$		
Due From:	Adju	sted			
Name: NIKKI WHITE	Baia	nce	\$	0.00	· · .
Basis for recommendation of cancella	ion or adjustment:				
PER KOHN, JUDGMENT ENTEREI	O ON 05-18-09, JUDGME	NT TO RE	MAIN OF I	RECORD.	
	Submitted by	ean [essett	Ţ.	
		PW-ADM	NISTRATIO	N Depart	me n t
	Adjustment or cancella	tion appro	ved		
	by Moga	n Cl	unp		
	Date:	City Attorne	cys Office	19	
	C.A. File No.			-	
T 4 '4'- 2.20 (4)			** ***		
In accordance with section 2-20.I(1) of the Milwar of the above claim or account as indicated.		mptroller the	uncollectibility		
of the above claim of account as indicated.	10 10 . 0	08			
of the above clanifor account as indicated.	by Galarish	ng Sh	wedi	<u> </u>	
of the above clanifor account as indicated.	a childuid	ng Str	urdi icux	L Departmen	nt Head
of the above clanifor account as indicated.	a childuid	ng Sh	<u>ucedi</u> 20 09	L Departmen	nt Head
	by Silling Date: Juno 18	A STA	wedi ic UX 20 09	L L_Departmen	nt Head
In accordance with section 2-20.1(2) of the Milwar the above account shall be adjusted or cancelled as	by Date: Date: Date: June 12	A STA	wedi ic UX 20 09	L L_Departmen	nt Head
In accordance with section 2-20.1(2) of the Milwa	by Date: Date: Date: June 12	A STA	wedi ic UX 20 09	L L_Departmen	nt Head
In accordance with section 2-20.1(2) of the Milwa	Date:	A STA	ic UV 20 09 ubmitted to me,	Departmen	nt Head

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)

Page:

age: voice No:

Invoice No: Invoice Date:

5140000407 06/06/2008 000697

Customer Number: Payment Terms: Due Date:

30 Days 07/06/2008

Bill To:

NIKKI WHITE 1934 N. 49 ST.

MILWAUKEE WI 53208

For billing	<u>ng questions, ple</u>	ase call 4	114-286-8282	DPW Call Cen	ter I	nvoice No:	51400004	107
Line Adj	Identifier	Description		Quantity	UOM	Unit An	nt	Net Amount
LOCATION	: CHAMBERS & HC	PKINS						
	TERIAL & EQUIPME CABINET DAMAGE		EDED TO MAKE I	REPAIRS TO A TRA	AFFIC S	IGNAL		
1	LABOR	Labor		1.00				706.01
2	LABOR2	Additional Labor		1.00		510	0.52	510.52
3	MATERIAL	Material		1.00				6,261.73

1.00

Please Remit To:

City Treasurer City of Milwaukee

P EQUIP

Box 514062

Milwaukee, WI 53203-3462

Invoice No:

EΑ

5140000407

30.00

Invoice Date:

06/06/2008

Customer Number: Payment Terms:

000697

Due Date:

AMOUNT DUE:

30 Days 07/06/2008

Duc

Bill To:

EQUIPMENT

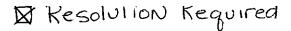
\$

7,508.26 USD

30.00

NIKKI WHITE 1934 N. 49 ST. MILWAUKEE WI 53208

Please return this coupon with payment



	Form	CBP	177	(Rev.	3/01
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CITY OF MILWAUKEE

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney From: DPW-ADMINISTRATION		Department	Date JULY 14	20 _09
I recommend that the following claim or 5140000 660 Claim or Account No 5140000660-8-19		l or cancelled as in	ndicated.	
Department: DPW-ADMINISTRATION Due From: Name: TIFFANY I PALMORE	N	Recommended Adjustment Adjusted	m or ed\$ 7751.90\$ 7751.90\$ 0.00	
Basis for recommendation of cancellate	-		IAIN OF RECORD.	
		·		
	Submitted by	Jean DPW-ADM	Ressolti Inistration d	epartment
	Adjustment or of by Date:	cancellation appro 29a Cu City Attorn 11-12	emp	
	C.A. File No.			
In accordance with section 2-20.I(1) of the Milwau of the above claim or account as indicated.	by D	O.T.	uncollectibility	
	Date: Acq	-Admin	Depa 20 <u>09</u>	rtment Head
In accordance with section 2-20.I(2) of the Milwau the above account shall be adjusted or cancelled as	kee Code, and on the baindicated.	sis of the certification	submitted to me,	•
	by order of			
	Date:	City Comptroll	er	

Distribution:

(White) - Comptrollers Office
(Canary) - Originating department of claim or account
(Pink) - City Attomey's Office
(Goldenrod) - Originator
(Detach prior to submitting
to City Attomey's Office)

Form CBP 177 (Rev. 3/01)

CITY OF MILWAUKEE

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

CANCELLIATION OR AD	DOSTMENT OF CITE CE	AIM OR ACCOUNT	
To: City Attorney			
From: DPW-ADMINISTRATION	Domostra	Date Oct 21	20 09
riom: Division in the control of the	Department	Date <u>occ 21</u>	20 _05_
I recommend that the following cla	aim or account be a	dingted or cancel	led as indicated
I recommend that the rollowing th	aim of account be a	ajuscea or cancer	red as indicaced.
Claim or Account No 91348 03/07/	2006		
Department: DPW-ADMINISTRATION	Amount of	claim or as billed	ė 11613.58
	Recommend	ied	
Due from: Name: DEANDRAE L. RICHMON	D Adiusted	nt	<u>\$ 11613.58</u>
	Balance.		\$ <u>0.00</u>
Basis for recommendation of cance	llation or adjustme	nt:	
PER KOHN, JUDGMENT ENTERED ON 09-	23-09. JUDGMENT TO	REMAIN OF RECORD.	
	20 03, 0030111111 10	identification of idecord.	
•			
			_
	$\Omega_{\rm s}$	\mathcal{D}	-
Su	ibmitted by	an Kossell	<u>-</u>
•		PW-ADMINISTRATION	Department
Ad	ljustment or cancelí	lation approved	
,	Maga -	aumo	
by	Cit	y Attorneys Offic	
	11 - 1	· ~ .	~~
Da	ıte:/	2 20 09	
C.	A.File No	MANUEL CONTRACTOR OF THE PROPERTY OF THE PROPE	
In accordance with section 2-20.1(1) of the Milv of the above claim or account as indicated.	waukee Code, I certify to the	ne City Comptroller the n	uncollectibility
	W CONTRACT	-	
by	- CO - A A A		
_	THU-Admin		Department Head
Da	ite: <u>Iolia</u>	<u>9 د</u> 20	
To appendance with meeting 2 20 1/2) of the William			
In accordance with section 2-20.1(2) of the Milw the above account shall be adjusted or cancelled		is of the certification s	submitted to me,
	by order of		
	-, V-WGI VI		
	D-1-	City Comptroller	
Distribution:	Date:	20	

RESOLUTION REQUIRED

Form CBP 177 (Rev. 3/01)

CITY OF MILWAUKEE

CANCELLATION OR ADDISSUMENT OF CITY CLAIM OR ACCOUNT

	ADJUSTMENT OF CITY CHA	IM OR ACCOUNT	
To: City Attorney			
From: DPW-ADMINISTRATION	Department	Date <u>Jun 3</u>	20 <u>09</u>
I recommend that the following	claim or account be ad	justed or cance	lled as indicated.
Claim or Account No. 94189 03/2			
Department: DPW-ADMINISTRATION	Amount of account as Recommende	s billed	<u>\$ 8822.09</u>
Due from:	Adjustment	- -	\$ 7022.09
Name: <u>NATALYA JEWITT</u>	Adjusted Balance		<u>\$1800.00</u>
Basis for recommendation of car PER KOHN, CHAPTER 7 BANKRUPTCY		t:	
	by Mogan City Date:	Attorneys Offi 2 20 09	се
In accordance with section 2-20.1(1) of the of the above claim or account as indicated.	by Vally Ma The Date: The Sun Land	City Comptroller the	uncollectibility Department Head
In accordance with section 2-20.1(2) of the the above account shall be adjusted or cancel the accordance with section 2-20.1(2) of the above account shall be adjusted or cancel the accordance with section 2-20.1(2) of the above account shall be adjusted or cancel the account shall be adjusted to the account shall be acco	Milwaukee Code, and on the basiseled as indicated,	of the certification	submitted to me,
	by order of		
		ity Comptroller	 .
Distribution.	Date:	20	

(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)

Division Copy

NOTICE: If this invoice is NOT paid within 30 days of the issue date, it can be deducted from any payments by the City to the below named.

INVOICE

CITY OF MILWAUKEE

DEPARTMENT OF PUBLIC WORKS ADMINISTRATION DIVISION

(414) 286-8282

No. 94189

03-20-2008

ES

NATALYA JEWITT N56 W6351 CENTER ST. #2 CEDARBURG, WI 53012

THOMAS PARSONS 7018 W. PIONEER RD. CEDARBURG, WI 53012

THTC	RTT.T.	MITCH	BE	DATD	WITHIN	30	DAVC
TUTO	ההדרם	TODI	DE	EWID	MITITIA	20	DWYD

J.O. RE5233027664

Location: WELLS & 4 FR-NB

Labor, Material, & Equipment necessary to make repairs to TRAFFIC SIGNAL & TRAFFIC SIGNAL CONTROL CABINET damaged on 01/25/2008.

COPY OF INVOICE SENT TO DRIVER & OWNER OF VEHICLE

MATERIALS

LABOR

EQUIPMENT

Total:

\$6456.97

\$2082.81

\$282.31

\$8822.09

941090-0001-5452-0800 \$282.31 941091-0001-5140-0200 \$738.60 943085-0007-5231-9901-RE5233027664 \$7801.18

& 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 28	20 <u>09</u>
I recommend that the following claim or a	account be adjusted	or cancelled as in	ndicated.	
Claim or Account No <u>5140000668 08-2</u>	0-08	Amount of clai	m or	
Department: <u>DPW-ADMINISTRATION</u>	<u> </u>	Recommended	ed\$ <u>7342.52</u> \$ 7342.52	
Due From: Name: ARCELIA ESPINO		Adjusted Balance		
Basis for recommendation of cancellation of ca	ELED, UNABLE	TO CONFIRM	THE DEBTOR'S ADD	RESS
	Submitted by		Coxolli INISTRATION Dej	partment
	////_/////////////////////////	ancellation appro	ved Ceens	
	by	City Attorn	eys Office 20 9	
	C.A. File No.			
In accordance with section 2-20.1(1) of the Milwauk of the above claim or account as indicated.	by College Code, I certify to the	City Comptroller the	Thurde	ment Head
In accordance with section 2-20.1(2) of the Milwauk the above account shall be adjusted or cancelled as in		is of the certification	submitted to me,	
	by order of			
	Date:	City Comptroll	er -	

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)

Page:

Invoice No: Invoice Date:

5140000668 08/20/2008

Customer Number: Payment Terms:

000927 30 Days

Due Date:

09/19/2008

Bill To:

ARCELIA ESPINO 1521 S. 22 ST. MILWAUKEE WI 53204

For billi	ng questions, ple	ease call 414-286-8	282 DPW Call Cerite	r Invoice	No: 514000	0668
Line Ad	j Identifier	Description	Quantity	UOM	Unit Amt	Net Amount
LOCATIO	N: 27 & CLEVELANI	ס				TTOCT WINDUITE
	IATERIAL & EQUIPN L CABINET DAMAGE	MENT SERVICES NEEDED TO I ED ON 7-2-08	MAKE REPAIRS TO A TRAI	FIC SIGNAL		
1	LABOR	LABOR	1.00	EΑ		609.83
2	LABOR2	ADDITIONAL LABOR	1.00	ĒΑ	440.96	440.96
3	MATERIAL	MATERIAL	1.00	ĒΑ		6,261.73
4	PEQUIP	EQUIPMENT	1.00 E	EA	30.00	30.00

COPY OF INVOICE SENT TO BOTH DRIVERS & OWNERS OF VEHICLES INOVLED INTRAFFIC ACCIDENT.

Please Remit To:

City Treasurer City of Milwaukee

Box 514062

Milwaukee, WI 53203-3462

Invice No:

5140000668

Inviice Date: Catomer Number:

08/20/2008

000927

Pament Terms:

30 Days

De Date:

09/19/2008

Bill To:

AMOUN DUE:

7,342.52 USD

ARCELIA ESPINO 1521 S. 22 ST. MILWAUKEE WI 53204 hease return this coupon with payment

499900926200000000000000073425200000000005140000668

Page:

Invoice No: Invoice Date:

5140000668 08/20/2008

Customer Number: Payment Terms:

000927

Due Date:

30 Days 09/19/2008

DANNY CORREA 2647 S. 9TH PL MILWAUKEE WI 53215

Bill To:

<u>For bil</u>	lling questions, pl	ease call 4	<u>414-286-8282</u>	DPW Call Cer	nter inv	oice No:	5140000668
Line A	dj Identifier	Description		Quantity	UOM	Unit Am	Net Amount
LOCATIO	DN: 27 & CLEVELAN	D .		· · · · · · · · · · · · · · · · · · ·			
LABOR, I	MATERIAL & EQUIPI DL CABINET DAMAG	MENT SERVICES N ED ON 7-2-08	EEDED TO MAKE	REPAIRS TO A TE	RAFFIC SIG	NAL	
1	LABOR	LABOR		1.00	EA		609.83
2	LABOR2	ADDITIONAL LA	BOR	1.00	EA	440.	96 440.96
3	MATERIAL	MATERIAL		1.00	EA		6,261.73
4	PEQUIP	EQUIPMENT		1.00	EA	30.0	30.00

COPY OF INVOICE SENT TO BOTH DRIVERS & OWNERS OF VEHICLES INOVLED IN TRAFFIC ACCIDENT.

Please Remit To: City Treasurer

City of Milwaukee Box 514062

Milwaukee, WI 53203-3462

Invoice No:

5140000668

Invoice Date: Customer Number: 08/20/2008 000927

Payment Terms:

30 Days

Due Date:

09/19/2008

Bill To:

AMOUNT DUE:

7,342.52 USD

DANNY CORREA 2647 S. 9TH PL MILWAUKEE WI 53215 Please return this coupon with payment

Page:

1

Invoice No: Invoice Date: 5140000668 08/20/2008

Customer Number: Payment Terms:

000927 30 Days

Bill To:

Due Date:

09/19/2008

SANTIAGO CORREA 2647 S. 9 PL MILWAUKEE WI 53215

For bill	ling questions, pl	ease call 414-286-8	3282 DPW Call C	enter Invoi	ce No: 51400	00668				
Line A	dj Identifier	Description	Quantity	UOM	Unit Amt	Net Amount				
LOCATIO	N: 27 & CLEVELAN	ID								
•	LABOR, MATERIAL & EQUIPMENT SERVICES NEEDED TO MAKE REPAIRS TO A TRAFFIC SIGNAL CONTROL CABINET DAMAGED ON 7-2-08									
1	LABOR	LABOR	1.00	EA		609.83				
2	LABOR2	ADDITIONAL LABOR	. 1.00	EA	440.96	440.96				
3	MATERIAL	MATERIAL	1.00	EA		6,261.73				
4	PEQUIP	EQUIPMENT	1.00	EA	30.00	30.00				

COPY OF INVOICE SENT TO BOTH DRIVERS & OWNERS OF VEHICLES INOVLED IN TRAFFIC ACCIDENT.

Please Remit To:

Invoice No:

5140000668

City Treasurer City of Milwaukee Invoice Date: Customer Number: 08/20/2008

Box 514062

Payment Terms:

000927 30 Days

Milwaukee, WI 53203-3462

Due Date:

09/19/2008

Bill To:

AMOUNT DUE:

\$

7,342.52 USD

SANTIAGO CORREA 2647 S. 9 PL MILWAUKEE WI 53215 Please return this coupon with payment