

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 09

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

Claim or Account No 5140000407 06-06-08

Department: DPW-ADMINISTRATION

Due From:
Name: NIKKI WHITE

Amount of claim or Account as billed.....	\$ <u>7508.26</u>
Recommended Adjustment	\$ <u>7508.26</u>
Adjusted Balance	\$ <u>0.00</u>

Basis for recommendation of cancellation or adjustment:

PER KOHN, JUDGMENT ENTERED ON 05-18-09, JUDGMENT TO REMAIN OF RECORD.

Submitted by Jean Rossetti
DPW-ADMINISTRATION Department

Adjustment or cancellation approved
by Megan Crump
City Attorneys Office
Date: 11-12 20 09

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 Christina Schweder
Dept of Public Works Department Head
Date: June 12 20 09

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)

**Dept of Public Works, City of Milwaukee Invoice
Miscellaneous Accounts Receivable
Goods, Services or Damages**

Bill To:

NIKKI WHITE
1934 N. 49 ST.
MILWAUKEE WI 53208

Page: 1
Invoice No: 5140000407
Invoice Date: 06/06/2008
Customer Number: 000697
Payment Terms: 30 Days
Due Date: 07/06/2008

For billing questions, please call 414-286-8282 DPW Call Center Invoice No: 5140000407

Line	Adj	Identifier	Description	Quantity	UOM	Unit Amt	Net Amount
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LOCATION: CHAMBERS & HOPKINS

LABOR MATERIAL & EQUIPMENT SERVICES NEEDED TO MAKE REPAIRS TO A TRAFFIC SIGNAL CONTROL CABINET DAMAGED ON 4-17-08

1		LABOR	Labor	1.00			706.01
2		LABOR2	Additional Labor	1.00		510.52	510.52
3		MATERIAL	Material	1.00			6,261.73
4		P EQUIP	EQUIPMENT	1.00	EA	30.00	30.00

Please Remit To:
City Treasurer
City of Milwaukee
Box 514062
Milwaukee, WI 53203-3462

Invoice No: 5140000407
Invoice Date: 06/06/2008
Customer Number: 000697
Payment Terms: 30 Days
Due Date: 07/06/2008

Bill To:

AMOUNT DUE: \$ 7,508.26 USD

NIKKI WHITE
1934 N. 49 ST.
MILWAUKEE WI 53208

Please return this coupon with payment

49990091870000000000000000750826000000000051400004076

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 JULY 14 20 09

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

Claim or Account No 5140000660
~~51400000660~~-8-19-2008

Department: DPW-ADMINISTRATION

Due From:
Name: TIFFANY I PALMORE

Amount of claim or Account as billed.....	\$	<u>7751.90</u>
Recommended Adjustment	\$	<u>7751.90</u>
Adjusted Balance	\$	<u>0.00</u>

Basis for recommendation of cancellation or adjustment:

PER KOHN, JUDGMENT TAKEN ON 06-16-09, JUDGMENT TO REMAIN OF RECORD.

Submitted by Jean Rossetti
DPW-ADMINISTRATION Department

Adjustment or cancellation approved
by Megan Cump
City Attorneys Office
Date: 11-12 20 09
C.A. File No. _____

In accordance with section 2-20.I(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: August 19 20 09

In accordance with section 2-20.I(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)



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 Oct 21 20 09

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

Claim or Account No. 91348 03/07/2006

Department: DPW-ADMINISTRATION

Due from:

Name: DEANDRAE L. RICHMOND

Amount of claim or account as billed.....	\$ <u>11613.58</u>
Recommended Adjustment.....	\$ <u>11613.58</u>
Adjusted Balance.....	\$ <u>0.00</u>

Basis for recommendation of cancellation or adjustment:

PER KOHN, JUDGMENT ENTERED ON 09-23-09, JUDGMENT TO REMAIN OF RECORD.

Submitted by Joan Rossetti
DPW-ADMINISTRATION Department

Adjustment or cancellation approved

by Megan Crump
City Attorneys Office

Date: 11-12 20 09

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: 10/12 20 09

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)

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 Jun 3 20 09

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

Claim or Account No. 94189 03/20/2008

Department: DPW-ADMINISTRATION

Due from:
Name: NATALYA JEWITT

Amount of claim or account as billed.....	\$ 8822.09
Recommended Adjustment.....	\$ 7022.09
Adjusted Balance.....	\$ 1800.00

Basis for recommendation of cancellation or adjustment:

PER KOHN, CHAPTER 7 BANKRUPTCY, NO ASSET CASE.

Submitted by Jean Rosselli
DPW-ADMINISTRATION Department
 Adjustment or cancellation approved
 by Morgan Crump
 City Attorneys Office
 Date: 11-20 20 09
 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 Dalusha Schueder
Dept of Public Works Department Head
 Date: ~~11-20~~ June 12 20 09

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)

Division Copy

INVOICE

No. 94189

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.

CITY OF MILWAUKEE
DEPARTMENT OF PUBLIC WORKS
ADMINISTRATION DIVISION
(414) 286-8282

03-20-2008
ES

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

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

THIS BILL MUST BE PAID WITHIN 30 DAYS

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

\$6456.97

LABOR

\$2082.81

EQUIPMENT

\$282.31

Total:

\$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 09

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

Claim or Account No 5140000668 08-20-08

Department: DPW-ADMINISTRATION

Due From:
Name: ARCELIA ESPINO

Amount of claim or Account as billed.....	\$ <u>7342.52</u>
Recommended Adjustment	\$ <u>7342.52</u>
Adjusted Balance	\$ <u>0.00</u>

Basis for recommendation of cancellation or adjustment:

PER KOHN, INVOICE TO BE CANCELED, UNABLE TO CONFIRM THE DEBTOR'S ADDRESS AND/OR EXECUTABLE INCOME OR ASSETS.

Submitted by Joan Rossetti
DPW-ADMINISTRATION Department

Adjustment or cancellation approved
by Megan Camp
City Attorneys Office
Date: 11-12 20 09

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 Jalisha Schwede
Dept of Public Works Department Head
Date: June 12 20 09

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
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(Goldenrod) – Originator
(Detach prior to submitting to City Attorney’s Office)

**Dept of Public Works, City of Milwaukee Invoice
Miscellaneous Accounts Receivable
Goods, Services or Damages**

Bill To:

ARCELIA ESPINO
1521 S. 22 ST.
MILWAUKEE WI 53204

Page: 1
Invoice No: 5140000668
Invoice Date: 08/20/2008
Customer Number: 000927
Payment Terms: 30 Days
Due Date: 09/19/2008

For billing questions, please call 414-286-8282 DPW Call Center Invoice No: 5140000668

Line	Adj	Identifier	Description	Quantity	UOM	Unit Amt	Net Amount
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LOCATION: 27 & CLEVELAND

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 INVOLVED IN TRAFFIC ACCIDENT.

Please Remit To:
City Treasurer
City of Milwaukee
Box 514062
Milwaukee, WI 53203-3462

Invoice No: 5140000668
Invoice Date: 08/20/2008
Customer Number: 000927
Payment Terms: 30 Days
Due Date: 09/19/2008

Bill To:

ARCELIA ESPINO
1521 S. 22 ST.
MILWAUKEE WI 53204

AMOUNT DUE: \$ 7,342.52 USD

Please return this coupon with payment

499900926200000000000000000073425200000000005140000668

**Dept of Public Works, City of Milwaukee Invoice
Miscellaneous Accounts Receivable
Goods, Services or Damages**

Bill To:

DANNY CORREA
2647 S. 9TH PL
MILWAUKEE WI 53215

Page: 1
Invoice No: 5140000668
Invoice Date: 08/20/2008
Customer Number: 000927
Payment Terms: 30 Days
Due Date: 09/19/2008

For billing questions, please call 414-286-8282 DPW Call Center Invoice No: 5140000668

Line	Adj	Identifier	Description	Quantity	UOM	Unit Amt	Net Amount
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LOCATION: 27 & CLEVELAND

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
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Please Remit To:
City Treasurer
City of Milwaukee
Box 514062
Milwaukee, WI 53203-3462

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

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**Dept of Public Works, City of Milwaukee Invoice
Miscellaneous Accounts Receivable
Goods, Services or Damages**

Bill To:

SANTIAGO CORREA
2647 S. 9 PL
MILWAUKEE WI 53215

Page: 1
Invoice No: 5140000668
Invoice Date: 08/20/2008
Customer Number: 000927
Payment Terms: 30 Days
Due Date: 09/19/2008

For billing questions, please call 414-286-8282 DPW Call Center Invoice No: 5140000668

Line	Adj	Identifier	Description	Quantity	UOM	Unit Amt	Net Amount
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LOCATION: 27 & CLEVELAND

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
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Milwaukee, WI 53203-3462

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Bill To:

AMOUNT DUE: \$ 7,342.52 USD

SANTIAGO CORREA
2647 S. 9 PL
MILWAUKEE WI 53215

Please return this coupon with payment

4999009262000000000000000734252000000000051400006688