

November 23, 2011

Mr. Clint Bryant
3575 S. Rivershire Dr. Apt #4
Greenfield, WI 53228

Milwaukee City Clerk
200 E. Wells St. Room 205
Milwaukee, WI 53202

Dear Sir,

I am writing this letter in regards to C.I. File #11-S-205. I would like a hearing date regarding my claim in the amount of \$427.58 for damages concerning my vehicle. I have submitted the required documentation.

I would appreciate hearing from you regarding a hearing date.

Sincerely,

A handwritten signature in black ink that reads "Clint Bryant". The signature is written in a cursive style with a large, prominent "C" at the beginning.

Mr. Clint Bryant

Mr. Clint E. Bryant
9009 W. Beloit Road #119
Milwaukee, WI 53227

Office of the City Clerk
Milwaukee, Wisconsin

Mr. Clint E. Bryant, address 9009 W. Beloit Rd. #119
Milwaukee WI 53227.

Driving north on Sherman @ 0815 am, hit a
sewer which was depressed @ 9-10 inches which resulted
in the breaking of my tire which costs \$355.⁰⁰.
This occurred July 14, 2011, location of incident:
Sherman and Hadley streets.

Thank You.

Mr. Clint Bryant
44-315-1234 - cell phone
44-763-2738 - Home phone

ESTIMATE

International Autos

BMW Service

2400 S 108 St
Milwaukee, WI 53227
414-543-3000
pschmidt@international-autos

CITY OF MILWAUKEE
RECEIVED
2011 JUL 22 PM 3:19

OFFICE OF
CITY ATTORNEY

INVOICE NO.
DATE July 19, 2011
Claim #
EXPIRATION DATE

RE: CLINT BRYANT

9009 W BELOIT RD APT 119
MILWAUKEE, WI 53227
414-763-2738

RONALD D. LEONHART
CITY CLERK
2011 JUL 22 AM 10:59
CITY OF MILWAUKEE

SALESPERSON	YR/MAKE/MODEL	VIN	DUPLICATE DATE
Paul Schmidt	2008 BMW 550i	WBANW53518CT51709	

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	MICHILIN PILOT SPORT 245/35/ZR19	\$ 392.42	\$ 392.42
1.00	MOUNT AND BALANCE ON TIRE	52.95	52.95
1.00	WHEEL WEIGHTS	6.00	6.00
1.00	TIRE DISPOSAL	4.00	4.00

SUBTOTAL	\$	455.37
SALES TAX		25.50
TOTAL	\$	480.87

Quotation prepared by: _____

This is a quotation on the goods named, subject to the conditions noted below:
(Describe any conditions pertaining to these prices and any additional terms of the agreement.
You may want to include contingencies that will affect the quotation.)

To accept this quotation, sign here and return: _____

THANK YOU FOR YOUR BUSINESS!

F & F TIRE WORLD
 "SERVING YOU SINCE 1973"



F & F TIRE - 27TH
 4671 S 27TH STREET

WORK ORDER #: 2301311

GREENFIELD, WI
 53221

PAGE: 1
 TIME STARTED: 11:40:22

414/281-5844
 CUSTOMER: QUOTE
 2930 W RAWSON AVE

OFFICE OF
 CITY ATTORNEY
 WI
 2011 JUL 22 PM 3:19
 CITY OF MILWAUKEE
 RECEIVED

1
 ELKHORN, WI

53121
 HOME: 414/761-0000 0 VEHICLE: 2011 BMW 328I
 SALESMAN: NICK DULISSE LICENSE: SSSSS

ENGINE: 3.0L L6 FI

WRK ORD DATE: 07/19/11 DUE: 07/19/11

PRODUCT	MECHANIC	QUANTITY	PRICE	F.E.T.	EXTENSION
245/35ZR19XL 91Y PILOT SPORT M78831		1	352.99		352.99
JUNK TIRE DISPOSAL 0111 CHECK FEA?		1	4.00		4.00
ULTRA DELUXE TIRE SERVICE PKG 1		1	24.99		24.99
INCLUDES FREEDOM PLAN(NATIONWIDE WARRANTIES & ROADSIDE ASSISTANCE)					
INCLUDES TIRE MOUNTING 01		1			0.00
INCLUDES TIRE BALANCING 02		1			0.00
INCLUDES TIRE VALVE STEM 03		1			0.00
25% DISCOUNT ON ALIGNMENTS 08		1			0.00
ROAD HAZARD & FREEDOM PLAN 10		1			0.00
FREE FLAT REPAIRS * 06		1			0.00
LIFETIME ROTATION 11		1			0.00
LIFETIME REBALANCING		1			0.00



FAX COVER SHEET

CITY OF MILWAUKEE
2011 NOV 28 PM 1:57
RONALD D. LEONHART
CITY CLERK

DATE: 11-28-11

Rehabilitation Services

Greenfield Rehabilitation
4131 W Loomis Road, Suite 200
Greenfield, WI 53221
Phone: 414-281-5151
Fax: 414-281-5987

CLINIC SENDING: SENDER:

GREENFIELD
MUSKEGO
S MILWAUKEE

Muskego Rehabilitation
S74 W16775 Janesville Road
Muskego, WI 53150
Phone: 414-422-2191
Fax: 414-422-2193

TO/(Fax #) 414-256-8550

ATTENTION: Attn: Atty Grant Langley

RE (Patient Name): _____

DOB: _____

TOTAL PAGES (INCLUDING COVERSHEET): 2

MESSAGE: Please see attached
letter requesting a hearing
regarding my claim.
Thank you.

Confidentiality Notice: This facsimile may contain confidential and privileged information. Patient health information is confidential and released according to Wisconsin Statutes and Federal Regulations. Patient health information may not be redisclosed without further written authorization by the patient. The information contained in this transmission is intended for the addressee only. If the receiver of this information is not the intended recipient or an agent responsible for delivering the information to the intended recipient, you are hereby notified that you have received this document in error. Review, copying, modification or dissemination of this information is strictly prohibited. **IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE PHONE US IMMEDIATELY AND SHRED THIS DOCUMENT. THANK YOU.**

S. Milwaukee Rehabilitation
3611 S Chicago Ave
S Milwaukee, WI 53172
Phone: 414-766-2440
Fax: 414-766-0823

CITY OF MILWAUKEE
RECEIVED
2011 NOV 28 PM 3:03
OFFICE OF
CITY ATTORNEY

