	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
	■ Complete items 1, 2, and 3.	A. Signature	
	Print your name and address on the reverse so that we can return the card to you.	X Agent	
	 Attach this card to the back of the mailpiece, 	B. Received by (Printed Name) C. Date of Deli	
	or on the front if space permits.		
	1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
	Darren Loomans		1
	American Family Insurance		i
	c/o Raymond C. savage		1
	6000 American Parkway Madison WI 53783-0001		
	17 daison 17 33 703 0001	3. Service Type ☐ Priority Mail Express	
		☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Res	
	9590 9402 4964 9063 4832 13	☐ Certified Mail® Delivery ☐ Return Receipt for	uncteu
	Article Number (Transfer from service label)	☐ Collect on Delivery Merchandise ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmat	ion™
	7019 2280 0001 7548 8516	isured Mail isured Mail Restricted Delivery Restricted Delivery	
		, ver \$500)	
	PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Rec	eipt
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
		A. Signature	
ĺ	Complete items 1, 2, and 3.Print your name and address on the reverse	✓ □ Agent	
1	so that we can return the card to you.	B. Received by (Printed Name) C. Date of Deli	HOLD POOLS
Ĩ	Attach this card to the back of the mailpiece, or on the front if space permits.	B. Heceived by (Finned Hame)	vory
1	1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes	
	1V1au1S011 W 1 55 / 65-000 1	If YES, enter delivery address below: No	
	T. T. 1. C. d'.		į
	LaTasha Gatlin		
	6051 W Fond du Lac Avenue	3	
	Milwaukee WI 53218		
		3. Service Type ☐ Priority Mail Express ☐ Adult Signature ☐ Registered Mail™	1
		☐ Adult Signature Restricted Delivery ☐ Registered Mail Res ☐ Certified Mail® ☐ Delivery	tricted
	9590 9402 4964 9063 4798 89	☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Return Receipt for Merchandise	
	2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmat ☐ Insured Mail	
7	019 2280 0001 7548 8493	☐ Insured Mail Restricted Delivery (over \$500)	
j	PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Rec	eipt
i		COMPLETE THIS SECTION ON DELIVERY	
	SENDER: COMPLETE THIS SECTION		15015
	Complete items 1, 2, and 3.	A. Signature	
	Print your name and address on the reverse so that we can return the card to you.	X Addre	
	Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Del	ivery
į	or on the front if space permits. 1. Article Addressed to: IVIAUISUIT WITSS/03-0001	D. Is delivery address different from item 1? Yes	
	iviauisuii w 1 55 / 65-000 i	If YES, enter delivery address below: No	ĺ
			1
	Arline Weinert		į
	6100 W Medford Avenue		
	Milwaukee WI 53218		
	11 M M M M 1 M 1 M 1 M 1 M 1 M 1 M 1 M	3. Service Type ☐ Priority Mall Express ☐ Adult Signature ☐ Registered Mail™	s®
		☐ Adult Signature Restricted Delivery ☐ Registered Mail Res ☐ Certified Mail® ☐ Certified Mail®	stricted
	9590 9402 4964 9063 4832 51	☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise	i
	2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirma: ☐ Signature Confirma:	tion TM
	7019 2280 0001 7548 8509	I Insured Mail Restricted Delivery (over \$500)	
	PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Rec	ceipt

City of Milwaukee Office of the City Clerk City Hall Milwaukee, Wisconsin

NOTICE OF DISALLOWANCE CLAIM (Pursuant to Sec. 893.80 WIS. STATS.)

LaTasha Gatlin

6051 W Fond du Lac Ave Milwaukee WI 53218

You are hereby notified that the Common Council of the City of Milwaukee duly disallowed the claim filed by you. No action on your claim against the City of Milwaukee may be brought after six (6) months from the date of service of the Notice of Disallowance.

FILE NUMBER: 200622

Resolution relating to the claim of LaTasha Gatlin

Amount of Claim: \$35,000.00

Claim Disallowed on: January 19, 2021

Dated this 19th day of January, 2021

James R. Owczarski

City Clerk

Form: Disallow

City of Milwaukee Office of the City Clerk City Hall Milwaukee, Wisconsin

NOTICE OF DISALLOWANCE CLAIM (Pursuant to Sec. 893.80 WIS. STATS.)

Arline Weinert

6100 W Medford Ave Milwaukee, WI 53218

You are hereby notified that the Common Council of the City of Milwaukee duly disallowed the claim filed by you. No action on your claim against the City of Milwaukee may be brought after six (6) months from the date of service of the Notice of Disallowance.

FILE NUMBER: 200657

Resolution relating to the claim of Arline Weinert.

Amount of Claim: \$10,667.11

Claim Disallowed on: January 19, 2021

Dated this 19th day of January, 2021

James R. Owczarski

City Clerk

Form: Disallow

City of Milwaukee Office of the City Clerk City Hall Milwaukee, Wisconsin

NOTICE OF DISALLOWANCE CLAIM (Pursuant to Sec. 893.80 WIS. STATS.)

Darren Loomans American Family Insurance On behalf of Raymond C. Savage

6000 American Parkway Madison WI 53783-0001

You are hereby notified that the Common Council of the City of Milwaukee duly disallowed the claim filed by you. No action on your claim against the City of Milwaukee may be brought after six (6) months from the date of service of the Notice of Disallowance.

FILE NUMBER: 200658

Resolution relating to the claim of Raymond C. Savage

Amount of Claim: \$28,945.18

Claim Disallowed on: January 19, 2021

Dated this 19th day of January, 2021

James R. Owczarski

City Clerk

Form: Disallow