



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 Jul 15 20 05

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

Claim or Account No 88511 05/26/2004

Department: DPW-ADMINISTRATION

Due from:

Name: ISAAC L. WILLIAMS

Amount of claim or account as billed.....	\$ 6068.70
Recommended Adjustment.....	\$ 6068.70
Adjusted Balance.....	\$ 0.00

Basis for recommendation of cancellation or adjustment:

PER KOHN, INVOICE TO BE CANCELLED. JUDGMENT TAKEN ON 06-21-05. JUDGMENT TO REMAIN OF RECORD.

Submitted by Jean Rossetti
DPW-ADMINISTRATION Department
 Adjustment or cancellation approved
 by Genevieve O'Shea - Courtney
 City Attorneys Office
 Date: 8/8 20 05
 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. Schubert
DPW-Admin Department Head
 Date: 07/25 20 05

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)