

CITY OF MILWAUKEE

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney

From: FIRE Department Date 8/30/2006 19

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

Claim or Account No. 44399 9/02/1997

Department: FIRE

Due from: American Recovery

Address 9168 N 124 St

MILWAUKEE, WI 53224

Amount of claim or account as billed	\$ <u>222,535.04</u>
Recommended Adjustment	\$ <u>222,535.04</u>
Adjusted Balance	\$ <u>-0-</u>

Basis for recommendation of cancellation or adjustment:

Statue of Limitations has run.

Submitted by [Signature] FIRE Department js

Adjustment or cancellation approved

by _____ City Attorneys Office

Date: _____ 19____

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] FIRE Department Head

Date: 09/13/2006 19____

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: _____ 19____

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)