REQUEST FOR VACATION OF IN REM JUDGMENT

1. Type or print firmly with ball point pen.							
Use separate form for each property							
3. Check the copy of the attached ordinance for quidelines	and eligibility. No written request to proceed under the ardinana						
may be additited to consideration to tile Collinon Coll	3. Check the copy of the attached ordinance for guidelines and eligibility. No written request to proceed under the ordinance may be submitted for consideration to the Common Council where more than 45 days has elapsed from the date of entry of the in remindament to the date of require that the date of the remainder that the date of the re						
prior to acceptance of this application.	d by Cashiers Check or cash to the City Treasurer's Office						
5. Complete boxes a, b c, d, and e.							
6. Forward completed application to City Treasurer, 200 Ea	ast Wells Street, Room 103, Milwaukee, WI 53202						
APPLICANT INFORMATION:							
A. PROPERTY ADDRESS <u>5221-5223</u>	N 35 8.						
TAXKEY NUMBER							
NAME OF APPLICANT Laughn	& Flyin						
MAILING ADDRESS 3845 NIG	P. O. Sox 06583						
Muanter Wi	53206 (414) 444-1608						
CITY STATE	ZIP CODE TELEPHONE NUMBER						
J							
B. FORMER OWNER YES	NO						
If no, describe interest in this property							
p. 5055, ty							
	<u> </u>						
	3 60						
	N <						
C. LIST ALL OTHER REAL PROPERTY IN THE CITY OF M	IILWAUKEE THAT THE FORMER OWNER HAS AN						
OWNERSHIP INTEREST IN (If not applicable, write NON	E)						
3845 N. 197 PLACE, MIL	E). = ASURE						
							
(Use reverse side if	additional space is needed)						
(OSE TEVELSE SIDE, II	additional space is needed)						
D. HAVE MONIES FOR ADMINISTRATIVE COSTS	E. DEPT OF NEIGHBORHOOD SERVICES FILING:						
BEEN DEPOSITED WITH THE CITY TREASRUER'S OFFICE? (Documentation must be attached)							
	Have applications to record the subject property and						
YES NO	any other unrecorded properties in which the former owner has an ownership interest been filed with the						
	Department of Neighborhood Services per s. 200-51.5.						
	YES NO						
Applicant warrants and represents the Latter Comments the Latter C							
Applicant warrants and represents that all of the information provide property is restored to the former owner, applicant will indemnify an which may be asserted against City as a result of its ballet in the	id hold ("thi hormologic forms and an at a control of						
	1910 Of title to the preparity Augitages. It is a second of the						
request is withdrawn or denied the City shall retain all of the ac	dministrative costs applicant paid.						

APPLICANT'S SIGNATURE Javan & Flenin DATE 9/22/06



Payment Receipt

Office of the City Treasurer • City Hall, Room 103
200 East Wells Street • Milwaukee, Wisconsin 53202
Telephone: (414) 286-2240

CT-11

Received of: LAVAU6TIN FLINN
Tax Account No.: 192-6338-6
Property Address: 5221-5223 N. 35 11 31
Cash \$ Check \$ _/370.00
Installment Payment Bond Payment
 1
Delinquent Tax Payment
Current Collection Tax Payment
Duplicate Tax Bill Fee Other VACATE JUDE EMENT
Received by: TIRA
Date: 9/33/06

Office of the City Treasurer - Milwaukee, Wisconsin Customer Services Unit Cash Deposit of Delinquent Tax Collection

Cashier <u>Category</u>	Cashier <u>Payclass</u>		Dollar <u>Amount</u>
1910		Delinquent Tax Collection	
	1911	City Treasurer Costs	220.00
	1912	DCD Costs	450.00
	1913	City Clerk Costs	200.00
	1914	City Attorney Costs	500.00
		Grand Total	1,370.00

Date 9/22/2006

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number:

2006 - 01

Taxkey Number:

192-0338-000 - 6

Property Address: 5221 5223 N 35TH ST

Applicant:

LAVAUGHN G FLINN

Parcel Number:

30

CaseNumber:

06-CV-003677

Teller Validation

Æ.	\$1,370.00	%0.00 %0.00	× \$220.00	\$450.00	\$200.00
Payment Tendered: 9/22/2006 12:22 PM 1910 Delinquent Tax Cost Recovery	Occument No. Transaction Total: \$1	1911 City Treasurer-Cost Recovery 987016 0001 2210 1840 Allocation Total:	1911 City Treasurer-Cost Recavery 987016 0001 2210 1840 Allocation Total:	1912 DCD-Cost Recovery 987016 0001 1911 1840 Allocation Total:	1913 City Clerk-Cost Recovery 987016 0001 1310 1840 Allocation Total:

046336

DUPLICATE

**** DUPLEGATE ***

Batch Date: 09/22/06 Receipt feller ID: tayala2210004