

REQUEST FOR VACATION OF IN REM JUDGMENT

FOLLOW THE INSTRUCTIONS LISTED BELOW:

1. Type or print firmly with ball point pen.
2. Use separate form for each property.
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 rem judgment to the date of receipt of the request by the City Clerk.
4. **Administrative costs totaling \$1370.00 must be paid by Cashiers Check to the City Treasurer's Office prior to acceptance of this application.**
5. Complete boxes a, b, c, d, and e.
6. Forward completed application to City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202.

APPLICANT INFORMATION:

A. PROPERTY ADDRESS 4362 north 15 street
TAX KEY NUMBER 244-9978-8
NAME OF APPLICANT Ruth Franklin
MAILING ADDRESS 4362 north 15 street
Milwaukee WI 53209 (414) 445-2613
CITY STATE ZIP CODE TELEPHONE NUMBER

B. FORMER OWNER YES NO
If no, describe interest in this property _____

C. LIST ALL OTHER REAL PROPERTY IN THE CITY OF MILWAUKEE THAT THE FORMER OWNER HAS AN OWNERSHIP INTEREST IN (If not applicable, write NONE).
NONE
(Use reverse side, if additional space is needed)

<p>D. HAVE MONIES FOR ADMINISTRATIVE COSTS BEEN DEPOSITED WITH THE CITY TREASURER'S OFFICE? (Documentation must be attached)</p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>E. DEPT OF NEIGHBORHOOD SERVICES FILING: Have applications to record the subject property and 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?</p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
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Applicant warrants and represents that all of the information provided herein is true and correct and agrees that if title to the property is restored to the former owner, applicant will indemnify and hold City harmless from and against any cost or expense which may be asserted against City as a result of its being in the chain of title to the property. **Applicant understands that if this request is withdrawn or denied the City shall retain all of the administrative costs applicant paid.**

APPLICANT'S SIGNATURE Ruth Franklin DATE _____



Payment Receipt

CT-11

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

Received of: Ruth Frankl: n

Tax Account No.: 244-9978-8

Property Address: 4362 N 15th

Cash \$ 1,370 — Check \$ _____

Installment Payment Bond Payment

Delinquent Tax Payment Year: In Rem

Current Collection Tax Payment 200-4
#60

Duplicate Tax Bill Fee Other

Received by: Jerry

Date: 9/6/02