Form CBP 177 (Rev. 2/91)

CITY OF MILWAUKEE

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney

From: FIRE Department Date 09/13/06 19__

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

Claim or Account No. 44379 3/10/1997

Department: FIRE

Due from: Name: American Recovery

Address 9168 N 124 Street

MILWAUKEE, WI 53224

Amount of claim or account as billed ..... $ 23,443.37

Recommended Adjustment ..... $ 23,443.37

Adjusted Balance ..... $ -0-

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)