

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. 42470 7/18/1996

Department: FIRE
Due from: Milwaukee County
Name: Paramedic Program
9200 W. Wisconsin Ave.
Address (802 N. 94 St)
MILWAUKEE, WI 53226

Amount of claim or account as billed \$ 181,721.18
Recommended Adjustment \$ 181,721.18
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 [Signature] City Attorneys Office
Date: 9/18 19 06

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)