

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 | -0- |
| Balance | \$ _____ |

Basis for recommendation of cancellation or adjustment:

Statute of Limitations has run.

Submitted by J. Denonp FIRE Department/s

Adjustment or cancellation approved

by 9/06 - City Attorney 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 uncollectability of the above claim or account as indicated.

by Wm. Wm. FIRE Department Head
Date: 09/13/2006 19 06

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

Distribution:

Date: _____ 19 _____

(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)