



RESOLUTION REQUIRED

Form CBP 177 (Rev. 3/01)

CITY OF MILWAUKEE

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney

From: DPW-ADMINISTRATION Department Date Jun 2 20 05

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

Claim or Account No. 87989 02/12/2004

Department: DPW-ADMINISTRATION

Due from: Name: RALPH WELLS

Amount of claim or account as billed.....	\$14440.00
Recommended Adjustment.....	\$14440.00
Adjusted Balance.....	\$0.00

Basis for recommendation of cancellation or adjustment:

PER KOHN, INVOICE TO BE CANCELLED. DEBTOR IS INCARCERATED. JUDGMENT TAKEN ON 12-13-04. Judgment to remain of record

Submitted by Jean Rossetti
 DPW-ADMINISTRATION Department
 Adjustment or cancellation approved
 by [Signature]
 City Attorneys Office
 Date: 8/17 20 05
 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]
 DPW-ADMINISTRATION Department Head
 Date: June 15 20 05

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: _____ 20__

- 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)