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TO THE HONORABLE, THE COMMON COUNCIL

2007 SEP -5 PM 12: 32

City of Milwaukee

ASSESSOR'S OFFICE  
CITY OF MILWAUKEE

Dear Members of the Common Council:

In re:           **462-0695-120-6**  
                      **1655 S. 3rd St.**  
                      **Lacorona Associates LLC**

**Year:           2006**

**Amount of Assessment Reduction: \$292,000**

**Amount of Tax Reduction: \$6,545.45**

As the result of action by the Board of Review, the assessment of my property was reduced as indicated above. Under Section 70.511 (2)(b) of the Wisconsin Statutes, I hereby make application to your Honorable Body for a tax refund/reduction in the amount shown.

Signed: *Alan Marciniak*  
Date: 8/30/07

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Federal laws require that Form 1099 be filed by the City Comptroller's Office at the year-end for payment of earned interest. The Tax Equity and Fiscal Responsibility Act of 1982 has increased the penalties for non-compliance.

Therefore, on the enclosed Form W-9, we request that you furnish us with the **Social Security Number** and the **signature** of the person listed first on the name line **OR** the **Employer I.D. Number** of the business and the appropriate person's **signature**.

TO THE HONORABLE, THE COMMON COUNCIL

City of Milwaukee

Dear Members of the Common Council:

In re: **552-0319-110-2**  
**2536 W. Warnimont Av.**  
**Shore Haven Ltd Partnership**

ASSESSOR'S OFFICE  
CITY OF MILWAUKEE

2007 SEP -6 A 11: 01

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**Year: 2006**

**Amount of Assessment Reduction: \$167,000**

**Amount of Tax Reduction: \$3,743.46**

As the result of action by the Board of Review, the assessment of my property was reduced as indicated above. Under Section 70.511 (2)(b) of the Wisconsin Statutes, I hereby make application to your Honorable Body for a tax refund/reduction in the amount shown.

Signed: *Alan Maurer*

Date: 9/6/07

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Federal laws require that Form 1099 be filed by the City Comptroller's Office at the year-end for payment of earned interest. The Tax Equity and Fiscal Responsibility Act of 1982 has increased the penalties for non-compliance.

Therefore, on the enclosed Form W-9, we request that you furnish us with the **Social Security Number** and the **signature** of the person listed first on the name line **OR** the **Employer I.D. Number** of the business and the appropriate person's **signature**.