

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 Nov 19 20 01

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

Claim or Account No. 82120 04/23/2001

Department: DPW-ADMINISTRATION

Due from:
Name: WILLIE RODGERS

| | |
|---|-------------------|
| Amount of claim or account as billed..... | \$ <u>8300.00</u> |
| Recommended Adjustment..... | \$ <u>8300.00</u> |
| Adjusted Balance..... | \$ <u>0.00</u> |

Basis for recommendation of cancellation or adjustment:

PER KOHN JUDGMENT ENTERED NOVEMBER 15, 2001. JUDGMENT TO REMAIN OF RECORD.

Submitted by [Signature]
DPW-ADMINISTRATION Department
 Adjustment or cancellation approved
 by [Signature]
 City Attorneys Office
 Date: November 26 20 01
 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-Admin Department Head
 Date: 11/19 20 01

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)