

CITY OF MILMAUKEE

2006 JUL 20 PM 3: 07

NONALL D. LEONHARDT CITY CLERK

July 11, 2006

City of Milwaukee City Clerk Office 200 E Wells, Room 200 Milwaukee, WI 53201

Our File No.: 25200606-50-0141

To Whom It May Concern:

We wish to advise you that on June 22, 2006, at or near 2469 S. Chase, Milwaukee, Wisconsin, your employee while removing tree stumps caused damage to our 400 and 100 pair telephone cable. My investigation indicates the City employees were working outside the scope of the marking instructions of the Diggers Hotline ticket.

As soon as our repair invoice is prepared, it will be forwarded to you or your insurance company, whichever you prefer.

Please contact my office at 262 549-7129 as soon as possible if you dispute liability for this damage.

Sincerely,

Debbie Griffiths Risk Manager





Bill For Damages

CHTY OF MILWAUKEE

2706 AUG -8 PM 4:07

OFFICE OF CITY ATTORNEY

2006 AUG -8 PM 1: 17

RONALL D. LEONHARDI CITY CLERK

Billed To: MILWAUKEE, CITY OF

200 E WELLS ST CITY CLERK OFFICE MILWAUKEE, WI 53202 Date: 08/04/2006

Page 1 of 1

Claim #: AMER-25-200606-50-0141-PSE

Charges for Damages to:

AT&T MIDWEST REGION FACILITIES

Occurred/Discovered On or About:

06/22/2006

Approximate Location:

ACROSS THE STREET FROM 2469 S. CHASE (2468), MILWAUKEE CITY (PT.), WI

How Damage Occurred:

REMOVING TREE STUMP CUT A 400 PR AND A 100 PR CABLE

LABOR COST (FDC*

\$3,256.17

(*FDC reflects cost of repairs specific to this damage including personnel, equipment, vehicles and is in compliance with FCC established labor cost accounting requirements.)

MATERIALS: \$1,120.83

CONTRACTOR: LOSS OF USE:

\$1,641.11 \$775.00

OTHER:

\$0.00

TOTAL AMOUNT DUE:

\$6,793.11

(**** PLEASE DO NOT PAY WITH TELEPHONE BILL ****)

Remit Payment to:
AT&T
One SBC Center
Room 39-N-13
St. Louis, MO 63101-3099

** INQUIRIES 800-894-0374 or 800-363-3234 (FAX)

Return this section with payment

This bill is due upon receipt. If payment is not received within 30 days further collection action will be taken. IF A PAYMENT FOR LESS THAN THE FULL AMOUNT BILLED IS RECEIVED, IT WILL BE APPLIED AS A PARTIAL PAYMENT.

If you are covered by insurance, please forward this bill to your carrier for payment. Once your claim has been established with your insurance company, please contact us at 800-894-0374 with your claim information, and we will work with your insurance company to resolve.

AT&T accepts checks, money orders or credit card payments. We do not accept cash. Please complete the information below and return to the address above or you may call 800-894-0374 to pay by phone.

Credit Card number:	Three digit security number on back of card:
Name on Card:	Expiration Date: / /
Amount to be charged to your card: \$SIGNATURE: _	

Claim #: AMER-25-200606-50-0141-PSE

(Please write claim number on check or money order to ensure proper credit.)