

**City of Milwaukee  
Office of the City Clerk  
City Hall  
Milwaukee, Wisconsin**

**NOTICE OF DISALLOWANCE CLAIM  
(Pursuant to Sec. 893.80 WIS. STATS.)**

ASAP Transportation LLC  
13760 N Bonniwell Court  
Mequon WI 53097

You are hereby notified that the Common Council of the City of Milwaukee duly disallowed the claim filed by you. No action on your claim against the City of Milwaukee may be brought after six (6) months from the date of service of the Notice of Disallowance.

FILE NUMBER: 101241

Regarding: Property Damage

Amount of Claim: \$2,166.52

Claim Disallowed on: March 1, 2011

Dated this 1<sup>st</sup> day of March, 2011



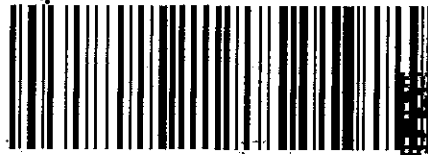
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Ronald Leonhardt  
City Clerk

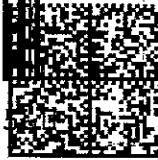
Form: Disallow

City  
of  
Milwaukee

Office of the City Clerk  
City Hall, Room 205  
200 East Wells Street  
Milwaukee, WI 53202-3570



7009 0820 0001 0747 2



02 1M \$ 05.54<sup>0</sup>  
0004261480 MAR 01 2011  
MAILED FROM ZIP CODE 53202

*lmc*

ASAP Transportation LLC  
13760 N. Bonniwell Court  
Mequon, WI 530

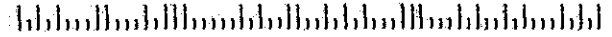
2<sup>nd</sup> NOTICE 3-2-11  
RETURNED

NIXIE 530 DE 1 00 03/20/11

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

BC: 53202357099 \*2686-01215-20-34

53202@3570



**CERTIFIED MAIL**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ASAP Transportation LLC  
13760 N. Bonniwell Court  
Mequon, WI 53097

101241

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (*Extra Fee*)

Yes

2. Article Number

(*Transfer from service label*)

7009 0820 0001 0747 2560

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540