

PETITION FOR A SPECIAL PRIVILEGE AMENDMENT

SP 2422

\$250.00 Publication Fee

SP: 1065 CC: 83-520A

Must Accompany This Petition

SUBMIT PETITION IN DUPLICATE

\_\_\_\_\_, 20\_\_\_\_

JUN 04 2008

To the Honorable, The Common Council of the City of Milwaukee:

The Licensee: GE HEALTHCARE INC.  
(Name of Individual, Partners, Corporation or LLC)

being the owners of the following property known by street address as 8200 W Tower Ave (23)  
(Street Address and Zip Code)

in the 9th Aldermanic District respectfully petition the Common Council of the City of Milwaukee according to the provisions of Section 66.0425 of the Wisconsin Statutes, that the following privilege be granted:

Change of ownership for underground cable & overhead cabling  
(Here describe the privilege)

Of which a plan or sketch is herewith submitted. Petitioner agrees to comply with all laws and all ordinances of the City of Milwaukee, to abide by any order or resolution of the Common Council affecting this privilege, to be primarily liable for damages to person or property by reason of the granting of such privilege, to furnish a bond and pay annual compensation as provided by law in the sum to be fixed by the proper city officers, and to file and keep current throughout the existence of the privilege, a certificate of insurance indicating applicant holds a public liability policy in at least the sums of \$25,000.00/\$50,000.00 bodily injury, and \$10,000.00 property damage, insuring the city against any liability that might arise by reason of the privilege.

Petitioner further agrees to remove said privilege whenever public necessity so requires when so ordered upon resolution adopted by the Common Council or other legislative body.

Should this special privilege be discontinued for any reason whatsoever, petitioner agrees to remove all construction work executed pursuant to this special privilege, to restore to its former condition and to the approval of the Commissioner of Public Works, any curb, pavement, or other public improvement which was removed, changed or disturbed by reason of the granting of this special privilege. Petitioner further agrees not to contest the validity of Section 66.0425 of the Wisconsin Statutes, or the legality of this special privilege in any way.

Name (Please Print): BOB WUEST  
(Individual, Partner, or Agent if corporation or LLC as shown above)

Signature: [Handwritten Signature]  
(Individual, Partner, or Agent if corporation or LLC as shown above)

Corporation or LLC Name: GE HEALTHCARE INC.  
(If applicable as shown above)

Mailing Address (If different than Property address above): 8200 W. TOWER AVE.

City: MILWAUKEE State: WI Zip: 53223

Telephone: 414-362-2338 E-Mail: ROBERT.WUEST@MED.GE.COM

(OVER)

~~CHECK TO JIM STRANHA~~

~~ATTN: JIM STRANHA SHEHATA AP - P 325 0119 01/08~~