

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

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

TO: American Family Insurance
Attn: Joel J Rogers
440 S Executive Dr
Brookfield, WI 53005-4280

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

FILE NUMBER: 050228

Regarding: Claim on behalf of Alfredo Mart

Amount of Claim: \$8,114.42

Claim Disallowed on: July 6, 2005

Dated this 6th day of July, 2005.

7000 0600 0022 2784 2886

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: _____

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total P

Name (P) American Family Insurance
Street, A Attn: Joel J Rogers
City, Stat 440 S Executive Dr
Brookfield WI 53005-4280

Postmark Here

PS Form 3800, July 1999 See Reverse for Instructions



Ronald Leonhardt
City Clerk