

Ms Ashley Lewis

6091 North Green Bay Ave  
Glendale, WI 53209  
414-998-2624  
AshleyLewis2955@gmail.com

August 21, 2019

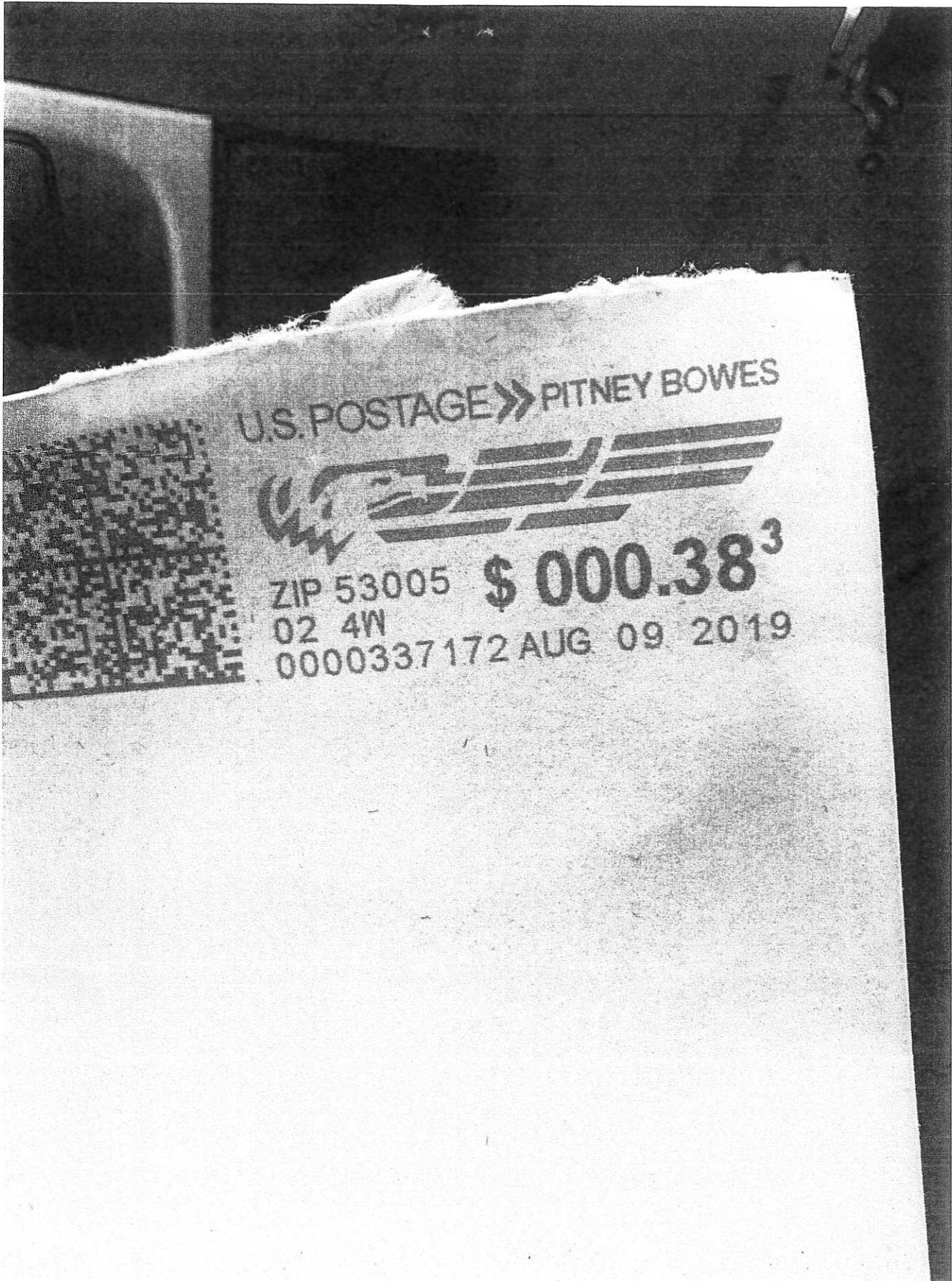
Office of the City Attorney  
200 East Wells St  
Milwaukee, Wisconsin

Dear City Attorney Office ,

My name is Ashley Lewis and I'll like file appeal In the C.I file number: 10044-2019-934  
I don't agree with your decision .

Thanks Ashley ,

CITY OF MILWAUKEE  
CITY CLERK'S OFFICE  
2019 AUG 23 PM 3:22



U.S. POSTAGE >> PITNEY BOWES



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Ashley Lewis  
6091 Northingreenway Ave #205  
Glendale, WI 53209

RECEIVED  
OFFICE OF CITY ATTORNEY

AUG 23 2019

B. D. S. AM/PM

SA

City of Milwaukee  
200 East Wells St Room  
Milwaukee, WI 53207

City of Milwaukee Tow Lot

CITY OF MILWAUKEE

COMPLAINT AND INVESTIGATION FORM

2019 MAY -6 P 1:21

<b>-CITY USE ONLY-</b>		<b>-CUSTOMER INFORMATION-</b>	
TOW #:	1714587	NAME:	Ashley Lewis
DATE:	4/26/19	ADDRESS:	6091 N Greenbay Ave Glendale, WI 53209
CLERK ID:	75 # 74	PHONE #:	414-269-7410

PHOTOS TAKEN  YES  NO  
 PHOTOS ATTACHED  YES  NO  
 ALL FORMS COMPLETED  YES  NO

DATE FILED: 4/26/19

\*\*\*Complaint must be signed by citizen completing form.

CITIZEN'S STATEMENT

my car was towed on 4/23/19 by officer Love. I was taken into custody and was later advised that the officer jammed the key into the ignition. I am not sure who was responsible for getting the key stuck ~~but~~ However officer Love is who ~~first~~ collected my key. The key is currently still jammed and not able to come out preventing me from completing shutting my car off draining the battery. my car is push start the key was not needed.

RECEIVED  
OFFICE OF CITY ATTORNEY

MAY 07 2019

3:00 A.M./P.M.

\*\*\*SIGNATURE

DATE

-OVER-

-CONTINUED-

**CIRCLE AREAS OF DAMAGES USING THE DIAGRAMS BELOW**

To file a claim for \*DAMAGE TO or THEFT FROM\* your vehicle, Write a detailed letter and send to:

**CITY CLERK'S OFFICE,  
200 EAST WELLS STREET  
CITY HALL, ROOM 205  
MILWAUKEE, WI 53202  
414-286-2221**

**-CITY USE ONLY-**

**INVESTIGATION RESULTS**

**ROUTE TO:**  **Manager**  **Asst. Manager**  **Claims Department**

**SIGNATURE:**

**DATE:**

