

Dear: Office of city of attorney

My file # is 10548, and I want to appeal the denial of my claim pertaining to my vehicle. My name is Olanrewaju A. George, birth date 6/26/91. I showed on paper how much I came out of my pocket just to purchase the vehicle. I didn't disclose all the money, I put into the vehicle. The car also was well over 20 years old, it would've been 30 yrs old in 5 yrs from now. I put quite a plausible amount of money into the vehicle. I'm well prepared to provide receipts to show well over \$1500 extra, I've put into my vehicle, so I believe a meager one thousand is reasonable for the mistake of the ~~lot~~^{Milwaukee} Tow Lot.

Thank
you
Olanrewaju
George

CITY OF MILWAUKEE
2010 JUN -4 PM 3:05
RONALD D. LEONARDI
CITY CLERK

I'm asking for \$980.00 back, because that was the cost of my vehicle, the amount that I payed for it. ~~My best~~ The best number to reach me at is ⁽⁴¹⁴⁾403-9216, which is my cell phone. My e-mail address is Olanrewajuag@yahoo.com
olanrewajuag@yahoo.com

I'm a full-time college student at MATC, and in-line to get a part-time job, and I've lived in Milwaukee my entire life, and find it inconveint ~~with~~ to be without a vehicle. Especially during this period of my life. Including the case my car was taken for is still pending, and my car has a lot of sentimental value to me. I had a job back in 08 in New Berlin, WI, and with all the money, I saved up bought that vehicle. That was my first car ever, and I bought it. It meant a lot to ~~me~~ me being so young when I bought it.

CITY ATTORNEY
OFFICE OF

2810 FEB 15 PM 3:10

CITY OF MILWAUKEE
RECEIVED

CITY OF MILWAUKEE
2810 FEB 15 PM 1:59
RONALD D. LEONHART
CITY CLERK

COMPLAINT AND INVESTIGATION FORM

OFFICER USE ONLY	CUSTOMER INFORMATION
TOW #: <u>1417487</u>	NAME: <u>Olanrewaju George</u>
DATE: <u>2/12/2010</u>	ADDRESS: <u>6339 West Boehlke Ave</u> <small>Mil, WI 53223</small>
CLERK ID: <u>MPH SS</u>	PHONE #: <u>(414) 403-9216</u>

PHOTOS TAKEN YES NO

DATE FILED: 2/12/10

PHOTOS ATTACHED YES NO

ALL FORMS COMPLETED YES NO

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

CITIZEN'S STATEMENT

On August 22, 2009 my vehicle was towed by Milwaukee Police Department. In which, I was arrested, and placed in jail for 1 week. My car was placed on a police hold, when I got out of jail I tried to go on get it, but was refused due to the hold. The excuse in which they put the hold on my car for is still pending. I was reincarcerated Oct 1 and was there for 3 months. I got out in January, and was never informed my car hold was lifted. My address never changed, but yet I got a letter on Feb 8th, 2010 stating that my vehicle was disposed of as stating, I had to pay a bill. My complaint is I want to be ~~reimbursed~~ reinforced for my vehicle. Due to the fact, I wasn't informed, and when I called ~~there~~ I was told there still was an hold on it. No notification by phone or mail, ~~was~~ ^{being} prior to the car ~~was~~ disposed, had I known I would've come to get it.

Olanrewaju George
***SIGNATURE

2/12/10
DATE

WISCONSIN TITLE & LICENSE PLATE APPLICATION

MV1 1/2008

Processor (PIN) _____ Received-Date/Opened _____

Title No. - New License Plate No. **09119 MEO06L**
 Amount Received, Document No. **80**
 Check Cash

DO NOT WRITE ABOVE THIS LINE.
 Complete form using BLUE or BLACK INK.

Section A - Vehicle Owner Information

Owner Legal Name - Last, First, Middle Initial OR Business Name George Olanrewaju A	Birth Date 6/26/91	Owner Social Security # or Driver License # or FEIN - Required 397-08-7124
Co-Owner (if any) - Name - Last, First, Middle Initial	Birth Date	Co-Owner Social Security # or Driver License # or FEIN - Required
<input type="checkbox"/> OR <input type="checkbox"/> AND (check one)		
Street Address (Include PO Box if applicable) 6339-W Buening Ave	City Milwaukee State WI ZIP Code 53223	Owner Daytime Area Code - Telephone Number 414 463-9216
If this is a leased vehicle, list Lessee Name		Lessee Social Security # or Driver License # or FEIN - Required
Lessee Street Address	City	State ZIP Code Lessee Daytime Area Code - Telephone Number

Section B - Vehicle Information

Vehicle Identification Number IG3BY69Y2FY323599	Year 1985	Make Oldsmobile	Type (car, truck, van, etc) car	Color Silver aluminum	Fleet No. (Optional)
WI License Plate to Transfer or Temporary Plate	Plate Type	Check box if plates transferred between husband/wife. <input type="checkbox"/> License plates cannot be transferred between other family members.			
Date you first drove this vehicle in Wisconsin: 1/11/2008	Check any that apply (See Instructions)				
	<input type="checkbox"/> Title Transfer	<input type="checkbox"/> Title Only	<input type="checkbox"/> Salvage	<input type="checkbox"/> Police	<input type="checkbox"/> Taxi <input type="checkbox"/> Flood Damaged <input type="checkbox"/> Hill Damaged
Vehicle is kept in County Milwaukee	City Village Town (Check one) Milwaukee				

Section C - Loan Information

Secured Party Number(s)	Name of Lending Agency(s) or Person(s)	Street Address, City, State, ZIP Code	Area Code - Telephone Number
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Section D - Fees

Title Fee \$69.50 (Replacement \$20)	\$ _____	Pay title fee if you are changing the owner(s) on the title, or titling the vehicle in Wisconsin for the first time. Pay replacement title fee if replacing a lost, stolen or mutilated Wisconsin title. See instructions to determine which taxes apply. If tax exempt, enter code _____ If other, list reason _____ See instruction on local sales tax to determine your tax rate. Example: \$10,000 X .005 = \$50 (Amount subject to tax) (Rate) (Local tax) For other plate types see section G on back of this page. Enter plate type _____ and gross weight if applicable _____ and registration period _____ and enter fee at left. Note - For Heavy vehicles that qualify for Consecutive Monthly or Quarterly registration, see back page of instructions for more information and special address.
Purchase Price 980.00 (WARNING: It is a crime to understate the purchase price.)	\$ _____	
Less trade-in allowance	\$ _____	REGULAR SERVICE: Mail the original vehicle Title (not a copy), application and check to: WI Dept. of Transportation PO Box 7949 Madison WI 53707-7949
Amount subject to tax	\$ _____	
State Sales Tax (Amount subject to tax X 0.05)	\$ _____	PRIORITY SERVICE: (not available for personalized plates) Mail the original vehicle Title (not a copy), application and check with extra \$4 priority service fee to: WI Dept. of Transportation PO Box 7306 Madison WI 53707-7306
Local Sales Tax (See example)	\$ _____	
Loan Filing Fee \$4 (Pay fee for each loan in section C)	\$ _____	SPECIAL PLATES: For all special plates, mail entire application to: WI Dept. of Transportation PO Box 7911 Madison WI 53707-7911
License Plate Fee (check one box)	\$ 75	
<input type="checkbox"/> Passenger Vehicle \$75 <input type="checkbox"/> Light Truck (Private operation only): 4500 pounds gross weight or less \$75 6000 pounds gross weight or less \$84 8000 pounds gross weight or less \$106		Make check payable to: Registration Fee Trust
<input type="checkbox"/> Other License Plate Types (See information at right)		
Miscellaneous Fees (See instructions to determine if any apply.)		
• Wheel Tax (See instructions)	\$ _____	
• Motor Carrier Class Fee from section G	\$ _____	
• Temporary Plate Fee \$3 (Only if no plate to transfer, and if applying at an authorized agent)	\$ _____	
Optional Fees (Customer Initials to OK)		
• Mail-In Priority Service Fee \$4 (Use Priority Service Address)	\$ _____	
• Counter Service Fee \$5 (If you apply in person at DOT)	\$ 5	
• Electronic Title/License Plate Filing Fee (If applying thru an agent that files electronically, then an additional fee will be charged. Make check payable to the agent)	\$ _____	
ENTER FEE TOTAL	\$ 80	

Vehicle Owner Certification - If an owner is under 18 years old, complete Consent to Purchase (Section E) on back of this page.

I (we) certify that the information and statements on this application are true and correct. Commercial Carrier: I further certify that I have knowledge of applicable federal and state motor carrier safety rules, regulations, standards, and orders, and declare that all operations will be conducted in compliance with such requirements.

X Olanrewaju George **4/24/09** **X**
 (Owner Signature) (Date) (Co-Owner Signature) (Date)