

RESOLUTION REQUIRED

**CITY OF MILWAUKEE
CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT**

To: City Attorney

From: DPW-ADMINISTRATION Department Date Feb 10 20 05

I recommend that the following claim or account be adjusted or cancelled as indicated.

Claim or Account No. 87313 10/15/2003

Department: DPW-ADMINISTRATION

Due from:
Name: KENDRICK L. MILLER

Amount of claim or account as billed.....	\$ 7196.38
Recommended Adjustment.....	\$ 7196.38
Adjusted Balance.....	\$ 0.00

Basis for recommendation of cancellation or adjustment:

PER KOHN, INVOICE TO BE CANCELLED. NO KNOWN JOB OR ASSETS, JUDGMENT TAKEN ON 09-23-04, JUDGMENT TO REMAIN OF RECORD.

Submitted by Jean Bossette
DPW-ADMINISTRATION Department
 Adjustment or cancellation approved
 by [Signature]
City Attorneys Office
 Date: 8/17 20 05
 C.A. File No. _____

In accordance with section 2-20.1(1) of the Milwaukee Code, I certify to the City Comptroller the uncollectibility of the above claim or account as indicated.

by [Signature]
DPW-Administration Department Head
 Date: 02/14 20 05

In accordance with section 2-20.1(2) of the Milwaukee Code, and on the basis of the certification submitted to me, the above account shall be adjusted or cancelled as indicated,

by order of

 City Comptroller
 Date: _____ 20 ____

Distribution:
 (White) - Comptrollers Office
 (Canary) - Originating department of claim or account
 (Pink) - City Attorney's Office
 (Goldenrod) - Originator
 (Detach prior to submitting to City Attorney's Office)