



RESOLUTION REQUIRED

CITY OF MILWAUKEE

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney

From: DPW-ADMINISTRATION Department Date Jun 2 20 05

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

Claim or Account No 89359 11/10/2004

Department: DPW-ADMINISTRATION

Due from:
Name: ALVIN O. TORRES

Amount of claim or account as billed.....	\$ <u>9103.70</u>
Recommended Adjustment.....	\$ <u>9103.70</u>
Adjusted Balance.....	\$ <u>0.00</u>

Basis for recommendation of cancellation or adjustment:

PER KOHN, JUDGMENT ENTERED ON 05-20-05. JUDGMENT TO REMAIN OF RECORD.

Submitted by Jean Rossette
DPW-ADMINISTRATION Department
 Adjustment or cancellation approved
 by [Signature]
City Attorneys Office
 Date: 6/17 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-Admin Department Head
 Date: 06/15 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)