

IMPORTANT NOTICE: A \$25 FILING FEE MUST ACCOMPANY THIS APPEAL, WITHIN 30 DAYS OF ASSESSED CHARGES.

Checks should be made payable to: City of Milwaukee and a copy of the bill should be included with your appeal.

IMPORTANT NOTICE FOR CUSTOMERS PAYING BY CHECK
When you provide a check as payment, you authorize us either to use information from your check to make
a one-time electronic find transfer from your account, or to process the payment as a check transaction.

IF THE CHARGES HAVE ALREADY APPEARED ON YOUR TAX BILL. THIS APPEAL CANNOT BE FILED.

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PLEASE READ CAREFULLY: This Board may only determine if the City Department followed proper administrative procedures. It cannot hear appeals as to whether a Building Order is valid or not (those must be appealed to the Standards and Appeals Commission).
TO: Administrative Review Appeals Board City Hall, Rm. 205 200 B. Wells St. Milwaukee, WI 53202 (414) 286-2231
DATE: 7-18-2025 RE: 27.54 N. 39 Street (Address of property in question)
Pursuant to Chapter 68 of the Wisconsin Statutes and Section 320-11 of the Milwaukee Code of Ordinances, this is a written petition for appeal and hearing.
I am appealing the administrative procedure followed by
Charge relative to: Harbage & Litter
I feel the City's procedure was improper due to the following reasons and I have attached any supporting evidence, including city employee's names/dates which I spoke to regarding this issue and copies of any city orders received: Solonge Wheeler Called the City to Melway You
on wednesday may 28th 2025 and they told me
put the mattress on the fence and the
and a few weeks later it got a bill
for 237.96. I am a elderly woman on a fixed encome: I don't have that kind of money a check enclosed 25,00 / Record ID# GBGCO-215-02746
Elocit Wheeler
Elois E Wheeler Name (please print)
2754 N. 39 th Street 414-935-2212/414-391-4848. Mailing address and zip code Daytime phone number

2754 N U.





Receipt of ARBA Fee

Date: 7/22/25

Received Of: Eloisa Wheeler

Property at: 2754 N. 39th St.

Received By: LME

Check # (If Applicable): 3589

Amount: \$25.00