

CASE MANAGEMENT

Tax Key: 1909753000

Record ID: VAC-25-00198

Address: 5474 - 5474 N 56TH ST, MILWAUKEE, WI 532183218

Record ID	File Date	Address	Complaint Text
VAC-25-00198	04/28/2025	5474 - 5474 N 56TH ST, MILWAUKEE, WI 532183218	VBR referral

Date	Staff Name
2025-04-28	Damaris Pichardo
2025-09-26	Robert Bates

Record Workflow

Record Action (Task)	Record Status	Inspection	Status	Date
		Residential Quarterly VAC I	Vacant	2025-09-19

Inspector Phone: 414-286-2099
Inspector: Robert Bates

VAC-25-00198 - Vacant Building

Menu Add Delete Void Invoice Invoice & Pay ReCalc Help

Fee Calc. Factor: Job Value(Contractor)\$0.00 ▼ Fee Total \$254.00

Showing 1-2 of 2

<input type="checkbox"/>	<u>Invoice #</u>	<u>Fee Code</u>	<u>Fee Item</u>	<u>Quantity</u>	<u>Unit</u>	<u>Fees</u>	<u>Status</u>	<u>Balance</u>	<u>Date Assessed</u>
<input type="checkbox"/>	2758653	VAC008	Training and Technology Surcharge	4	Dollar...	\$4.00	INVOICED	\$4.00	11/26/2025
<input type="checkbox"/>	2758653	VAC001	Inspection Renewal	1	Qty	\$250.00	INVOICED	\$250.00	11/26/2025

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Print Date: 3/18/2026, 3:53:22 PM

Property: **5474-5474 N 56TH ST MILWAUKEE, WI**

Owner	Info
DANIEL HERTLER	Taxkey: 1909753000
	Land Use: 8810
	Lot Size: 5453
97 CHATHAM PL	Year Built: 1957
WEST HEMPSTEAD NY,11552	Commercial Units:
	Residential Units: 1
	Conveyance Date: 2025-10-06
	Conveyance Type: WD
	Name Change: 2025-11-05
	Zoning: RS6

Latest Property Registration Information

Date Registration Received: 2025-10-27
Link to ACA Registration: [MREC-25-02621](#)

Type	Name	Phone	Address	Email
Authorized Contact Person	DANIEL HERTLER	5166066584	97 CHATHAM PLACE WEST HEMPSTEAD,NY 11552	
Registration Owner	DANIEL HERTLER	5166066584	97 CHATHAM PLACE WEST HEMPSTEAD,NY 11552	

Showing 1 to 2 of 2 entries



DEPARTMENT OF NEIGHBORHOOD SERVICES

MREC-25-D2621
For office use only.

RECEIVED
OCT 27 2025

BY _____ Property Registration Form
Department of Neighborhood Services
(As required by City Ordinance 200-51.5)

SECTION 1: Property Registration Fee (Please select the applicable box below.)

<p>A. No Fee for Registration</p> <p><input type="checkbox"/> Updating Registration: Please indicate which update(s) you are making to previously submitted contact information.</p> <p><input type="checkbox"/> Address <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____ (Please describe)</p> <p><input type="checkbox"/> Courtesy Registration: Submitting a non-required registration (ex: vacant lot, etc).</p>	<p>B. \$76.20 Per Tax Key</p> <p><input checked="" type="checkbox"/> New Registration: Submitted <i>within 15 days</i> of transfer of title.</p> <p><input type="checkbox"/> New Registration: Submitted for a single family house or duplex that was previously occupied by the owner.</p>	<p>C. \$152.40 Per Tax Key</p> <p><input type="checkbox"/> New Registration: Submitted <i>more than 15 days</i> after transfer of title. This results in a double registration fee.</p> <p><i>\$76.20</i></p>
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The above fees include a 1.6% Training & Technology surcharge.

SECTION 2: Property Information

Please check here when registering multiple properties for the **same owner**. Also, complete and attach an Additional Properties Form.

Title Transfer Date (Month/Day/Year): 10/10/2025 *10/10/2025 DOC 11547981*

Taxkey Number: 190-9753-000

Property Address: 5474 North 56th Street **Unit Number:** 1

SECTION 3: Ownership Information

Please check here when submitting information for multiple owners of the **same property**. Also, complete and attach an Additional Owners Form.

Owner Name (Required): Daniel Hertler *- REC 2105684638*

~~Owner Address: _____~~

~~Owner Phone Number: _____~~

~~City _____ State _____ Zip _____~~

~~Home Mobile Business~~

~~Home Mobile Business~~

SECTION 4: Authorized Contact Person (Required)

The registration may be rejected if a natural person is not provided in this section.

✓ Authorized Contact Person Name: Dan Hertler *REC 210508 4638*

✓ Authorized Contact Person Address: 97 Chatham Place W. Hempstead NY 11552
City State Zip

✓ Authorized Contact Person Phone Number: 516-606-6584 Home Mobile Business
 Home Mobile Business

SECTION 5: Additional Contact Information

Please check which contact type is provided **in addition** to the authorized contact person.

Property Management Company Registered Agent Operator
 Other: _____

Additional Contact Name: _____

Additional Contact Address: _____
City State Zip

Additional Contact Phone Number: _____
 Home Mobile Business
 Home Mobile Business

SECTION 6: Signature

Printed Name: _____

Signature: _____

Signature Date (Month/Day/Year): _____

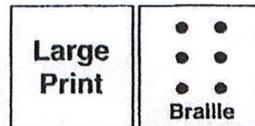
State of _____
County of _____

Signed or attested before me on ____/____/____

Signature of notarial Officer (Seal, if any)
My Commission Expires ____/____/____

Make check payable to:
City of Milwaukee

Mail form to:
Property Registration Program
Department of Neighborhood Services
841 N. Broadway, Room 105
Milwaukee, WI 53202-3613



Alternative formats available upon request
for individuals with disabilities. Contact
ADACoordinator@milwaukee.gov
or call (414) 286-3475.