

RESOLUTION REQUIRED

Form CBP 177 (Rev. 3/01)

CITY OF MILWAUKEE

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney

From: DPW-ADMINISTRATION Department Date Apr 16 20 09

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

Claim or Account No 93847 12/17/2007

Department: DPW-ADMINISTRATION

Due from:
Name: ANGELMO ANAYA-JORGE

Amount of claim or account as billed.....	\$ <u>8699.05</u>
Recommended Adjustment.....	\$ <u>8699.05</u>
Adjusted Balance.....	\$ <u>0.00</u>

Basis for recommendation of cancellation or adjustment:

PER KOHN, JUDGMENT ENTERED ON 07-18-08, JUDGMENT TO REMAIN OF RECORD.

Submitted by Jean Rossetti
DPW-ADMINISTRATION Department

Adjustment or cancellation approved

by Megan Crump
City Attorneys Office

Date: 6-5 20 09

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 Michelle Schveder
Dept of Public Works Department Head
Date: April 21 2009

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)

Division Copy

INVOICE

No. 93847

NOTICE: If this invoice is NOT paid within 30 days of the issue date, it can be deducted from any payments by the City to the below named.

CITY OF MILWAUKEE
DEPARTMENT OF PUBLIC WORKS
ADMINISTRATION DIVISION
(414) 286-8282

12-17-2007
ES

ANGELMO ANAYA-JORGE BERTA A. ZAMORA
2225 S. 15 ST. #4 1634 S. 28 ST.
MILWAUKEE, WI 53215 MILWAUKEE, WI 53215

THIS BILL MUST BE PAID WITHIN 30 DAYS

Table with 2 columns: Description and Amount. Includes J.O. RE5233027424, Location: KK & ELLEN, Labor, Material, & Equipment necessary to make repairs to TRAFFIC SIGNAL CONTROL CABINET damaged on 10/27/2007. Summary rows: MATERIALS \$7474.65, LABOR \$946.03, EQUIPMENT \$278.37, Total: \$8699.05

Table with 2 columns: Item ID and Amount. Includes 941090-0001-5452-0800 \$278.37, 941091-0001-5140-0200 \$775.60, 943085-0007-5231-9901-RE5233027424 \$7645.08