

**City of Milwaukee
Office of the City Clerk
City Hall
Milwaukee, Wisconsin**

**NOTICE OF DISALLOWANCE CLAIM
(Pursuant to Sec. 893.80 WIS. STATS.)**

TO: American Family Insurance Group
Attn: Jeff Lang, Casualty Claims Examiner
P.O. Box 2927
Milwaukee, Wisconsin 53201-2927

You are hereby notified that the Common Council of the City of Milwaukee duly disallowed the claim filed by you. No action on your claim against the City of Milwaukee may be brought after six (6) months from the date of service of the Notice of Disallowance.

FILE NUMBER: 050632

Regarding: Property damage for Magda Gal

Amount of Claim: \$10,548.47

Claim Disallowed on: September 27, 2005

Dated this 27th day of September 2005.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

7000 0520 0020 8382 6027

Recipient: American Family Insurance Group
Jeff Lang, Casualty Claims Examiner
Street, Apt: P.O. Box 2927
City, State: Milwaukee, Wisconsin 53201-2927

PS Form 3800, February 2000 See Reverse for Instructions

Ronald D. Leonhardt

Ronald Leonhardt
City Clerk

Form: Disallow