

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 Aug 7 20 02

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

Claim or Account No. 82832 08/20/2001

Department: DPW-ADMINISTRATION

Due from:
Name: KHAMPHEUA BOUAKONGXAYA

Amount of claim or account as billed.....	\$ <u>7487.11</u>
Recommended Adjustment.....	\$ <u>7487.11</u>
Adjusted Balance.....	\$ <u>0.00</u>

Basis for recommendation of cancellation or adjustment:

PER KOHN, JUDGMENT ENTERED ON 07-25-02. JUDGMENT TO REMAIN OF RECORD.

Submitted by Jean Rosselle
DPW-ADMINISTRATION Department

Adjustment or cancellation approved

by _____
City Attorneys Office

Date: _____ 20 ____

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 Dan [Signature]
Daw [Signature] Department Head

Date: 08/07 2002

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)