

CANCELLATION OR ADJUSTMENT OF CITY CLAIM OR ACCOUNT

To: City Attorney

From: FIRE Department Date 8/30/2006 19

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

Claim or Account No. 45240 12/31/1997

Department: FIRE
Due from: Linda M. Barnes
Name: & Edward Barnes

Address 4436 N. 63 St
MILWAUKEE, WI 53218

Amount of claim or account as billed \$ 96,333.00
Recommended Adjustment \$ 96,333.00
Adjusted Balance \$ -0-

Basis for recommendation of cancellation or adjustment:

Statue of Limitations has run.
(Possible counter claim against City)

Submitted by [Signature] FIRE Department
Adjustment or cancellation approved

by City Attorneys Office
Date: 19

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 [Signature] FIRE Department Head
Date: 09/13/2006 19

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: 19

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)