

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

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

TO: Michael Unrein
3609 S. 90th Street
Milwaukee, WI 53228-1535

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: 041027

Regarding: loss of personal property

Amount of Claim: \$425.88

Claim Disallowed on: December 21, 2004

Dated this 21st day of December, 2004.

Ronald
Ronald
City Cl

Form: Disallow

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

Article Sent To: _____

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

Name (Please Print Clearly) (to be completed by mailer)
MICHAEL UNREIN
Street, Apt. No., or PO Box No.
3609 S. 90TH ST.
City, State, ZIP+4
MILW WI 53228-1535

7000 0600 0022 2784 3272

03 Form 3800, July 1999 See Reverse for Instructions