Ms. Sharon A. Green

8603 N. Servite Drive

Milwaukee, Wisconsin 53223

OFFICE OF CITY ATTORNEY 11 NOV '21 PHO2: 16

To Whom It May Concern:

I, Sharon A. Green reside at 8603 N. Servite Drive in Milwaukee. My phone number is 414-803-9317. The reason I am writing this letter is to file a claim for repairs to the walls, flooring, carpeting on my stairs, replacement of furniture and exercise equipment due to contamination from the sewer backing up from the floor drain in my laundry room.

City inspectors determined that the sewage drains located over 200 ft beyond my condo unit malfunctioned which caused sewage to back up in my lower level family room, laundry room, storage area and outer hall leading to the garage. This incident occurred on August 9, 2021. Paperwork was given to me by an inspector on August 10, 2021 to file this claim.

Marathon Restoration came out and removed all the contaminated items. I have sent a flash drive with pictures of the damages and the equipment used to restore the air quality back to normal so I could return to my residence to live.

Enclosed you will find estimate of furniture and exercise equipment lost in the amount of \$4233.00. To restore the drywall in the family room, laundry room, and storage room, flooring, carpeting, and painting a quote of \$8600.00 was given to me by a contractor. I would really like to get this taken care of as soon as possible. Please contact me as soon as possible so we can resolve this situation.

THANK STEWN STEWN TI WORLD ON TE

Sharon A. Green

2021 NOV -9 PM 12: 06

Receipts, cancelled checks, repair bills, and verification photographs to support claim should be attached. Complete columns 1 through 10 on each item – If unknown, so indicate. Failure to comply with above will result in a delay in the handling of your claim.

To be completed by Insurance Company

| Opportunities of the control of the | | 10 | 9 | 00 | 7 | 0 | C | 4 | 67. | Q | | Item No. | (1) |
|--|----------|---------|---------------|--------------|------------|-------------|---------------|-------------|--------------------|---------------|---------------|---|------------|
| den i dealer for en dissipació particular de companyo | | 5 | 1 | / | 1 | / | 4 |) | / | 7 | | Quant- ity | (2) |
| um under eine und eine Geberg und eine Verstellen der eine State der State und eine Verstelle der Anderschaft der | | dolls w | Exercise ball | Ceramic topi | tread mill | Schwin bike | TU Snatch les | Thing butch | recliner preach en | Chairs (wood) | Wooden table. | Description of Item (Type, name, model, year, serial no.) | (3) |
| | | Walmart | walmart | Hande | Sam's Oub | | Menards | Handle | Steinhatel | steinhaltel | Steinhaltel | Where Purchased (Name and Address) | (4) |
| | | (| t | Cyrs | 74rs | 1. | je grs, | 20115 | chis | Stall Stall | 10+ | Age of Item | (5) |
| | | (| 1 | | ١ | (| 01/16 | 1 | 21/10 | 1 | 1 | Date of Purchase (Mo Yr.) | (6) |
| | | Cash | eash | antorous | Cash | Cash | cash | unknows | Cosh | Cash | Cash | Method of Payment (Cash/Cr.) | (7) |
| | Totals | 3 | 00 | 3 NO | 200 | 20 | 20 | No | No | No | on | Receipts Available? | (8) |
| | Sec | | | | | | | | | | | Original Cost | (9) |
| | See Page | 200.00 | 15,00 | 300.00 | 700.00 | 250.00 | 144.00 | 300,00 | 1200,00 | 6000 | 2000 | Replace- ment Cost | (10) |
| | 3 | | | | | | | | | | | Repl. Cost | Ins. |
| | | | | | | | | | | | | , | Betterment |
| SERVICE OF COLUMN AND ADDRESS OF THE PARTY O | | | | | | | | | | | | ed Value | Adjust- |

Receipts, cancelled checks, repair bills, and verification photographs to support claim should be attached. Complete columns 1 through 10 on each item – If unknown, so indicate. Failure to comply with above will result in a delay in the handling of your claim.

To be completed by Insurance Company

| | | | | 24 | 2 | ST. | //) | Item No. | 9 |
|--|---|---|------|---------|-------------------|-------------|-------------|---|------------|
| THE COLUMN TWO COLUMNS CONTRACTOR COLUMNS COLU | | | | | 4 | 1 pois | I gai | Quant- ity: | (2) |
| | , | , | | 5X8 Rug | Bar Stools | shoes black | Shoes work | Description of Item (Type, name, model, year, serial no.) | (A) |
| om difference de sui requirante promotivamente servicio de sui construire de sui con | - | S | | Sams ! | Ashien | foot backer | ,footbacker | Where Purchased (Name and Address) | (7) |
| | | | | Byrs | leys | 5 | T-W | Age of Item | ر الرام |
| CONTRACTOR ON THE CONTRACTOR CONT | | | | 210% | 1 | | | Date of Purchase (Mo.—Yr.) | 6 |
| | | | | 5 Cash | Cash | Cash | Cash | Method of Payment (Cash/Cr.) | } |
| Totals | | | | 26 | 100.424.00 124.00 | 00 | 20 | (8) Receipts Available? | } |
| | | | | 80.00 | 174,00 | 50.00 | 50,00 | (9) (10) Original Replace- Cost ment Cost |) |
| 4233,00 | | | | 100.00 | 134,00 | 50.00 | 50.00 | Replace- ment Cost | |
| | | | | | | | | Ins. Repl. Cost | |
| | | | | | | | | Betterment Or Depreciation | |
| | | , | | | | | | Adjust- ed Value | |

CITY CLERK'S OR SERVINGER SOLITY OF MILWAUKFE SOLITY OF MILWAUKFE