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

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

Abdullah Shabazz PO Box 76653 Milwaukee, WI 53216

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: 120010

Regarding: Personal Injuries

Amount of Claim: \$150,000.00

Claimed Disallowed on: July 2, 2013

Dated this 2nd day of July, 2013

יובם זרכט עטטט טי	U.S. Postal Service TM CERTIFIED MAIL TM REC (Domestic Mail Only; No Insurance C) For delivery information visit our website	overage Provided)	erage Provided)	
	Postage Certi led Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here	City Clerk	
4T 0T07	Total Posta Abdullah Shabazz Sent To FN 120010 PO Box 76653 or PO Box NMilwaukee, WI 53216 City, State, Z PS Form 3800. August 2006	See Reverse for Instructions		