

TO THE HONORABLE, THE COMMON COUNCIL

City of Milwaukee

Dear Members of the Common Council:

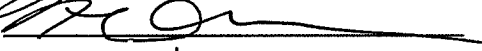
In re: **392-0991-000-8**  
**250 N WATER ST**  
**GEORGE BOCKL & JOSEPH M BERNSTEIN CO**  
**TRUSTEES OF GEORGE BLCKL LIVING TRUST**

**Year: 2012**

**Amount of Assessment Reduction: \$296,000**

**Amount of Tax Reduction: \$8,866.64**

As the result of action by the Board of Review, the assessment of my property was reduced as indicated above. Under Section 70.511 (2)(b) of the Wisconsin Statutes, I hereby make application to your Honorable Body for a tax refund/reduction in the amount shown.

Signed:   
Date: 12/12/2014

Federal laws require that Form 1099 be filed by the City Comptroller's Office at the year-end for payment of earned interest. The Tax Equity and Fiscal Responsibility Act of 1982 has increased the penalties for non-compliance.

Therefore, on the enclosed Form W-9, we request that you furnish us with the **Social Security Number** and the **signature** of the person listed first on the name line **OR** the **Employer I.D. Number** of the business and the appropriate person's **signature**. Please verify below to whom refund is to be made out to and what address it is to be mailed to if different from objection form.

PAYEE: Von Briesen & Roper Trust Account MAILING ADDRESS: c/o ALAN MARCOWITZ  
411 E. WISCONSIN #1000  
MILWAUKEE, WI 53202

Pursuant to § 70.511(2)(b) if forms are returned on or before November 1, 2014, your refund is payable on or before January 31st, 2015. After November 1, 2014, refund is payable by January 31st, 2016.

↳ claim served on city on 10/31/14 so refund DUE 1/31/2015.

TO THE HONORABLE, THE COMMON COUNCIL

City of Milwaukee

Dear Members of the Common Council:


In re: **392-0991-000-8**  
**250 N WATER ST**  
**GEORGE BOCKL & JOSEPH M BERNSTEIN CO**  
**TRUSTEES OF GEORGE BLCKL LIVING TRUST**

**Year: 2013**

**Amount of Assessment Reduction: \$296,000**

**Amount of Tax Reduction: \$9,062.05**

As the result of action by the Board of Review, the assessment of my property was reduced as indicated above. Under Section 70.511 (2)(b) of the Wisconsin Statutes, I hereby make application to your Honorable Body for a tax refund/reduction in the amount shown.

Signed:   
Date: 12/12/2014

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Federal laws require that Form 1099 be filed by the City Comptroller's Office at the year-end for payment of earned interest. The Tax Equity and Fiscal Responsibility Act of 1982 has increased the penalties for non-compliance.

Therefore, on the enclosed Form W-9, we request that you furnish us with the **Social Security Number** and the **signature** of the person listed first on the name line **OR** the **Employer I.D. Number** of the business and the appropriate person's **signature**. Please verify below to whom refund is to be made out to and what address it is to be mailed to if different from objection form.

PAYEE: Von Briesen & MAILING ADDRESS: C/O ALAN MARCUVITZ  
RIPAR TRUST ACCOUNT 411 E. WISCONSIN #1000  
MILWAUKEE, WI 53202

Pursuant to § 70.511(2)(b) if forms are returned on or before November 1, 2014, your refund is payable on or before January 31st, 2015. After November 1, 2014, refund is payable by January 31st, 2016.

↳ Claim served on City on 10/31/2014 so Refund DUE 1/31/2015

TO THE HONORABLE, THE COMMON COUNCIL

City of Milwaukee

Dear Members of the Common Council:

In re: **392-1102-000-1**  
~~250 N WATER ST~~ *316 N. MILWAUKEE ST.*  
**GEORGE BOCKL & JOSEPH M BERNSTEIN CO**  
**TRUSTEES OF GEORGE BLCKL LIVING TRUST**

**Year: 2012**

**Amount of Assessment Reduction: \$1,056,000**

**Amount of Tax Reduction: \$31,632.38**

As the result of action by the Board of Review, the assessment of my property was reduced as indicated above. Under Section 70.511 (2)(b) of the Wisconsin Statutes, I hereby make application to your Honorable Body for a tax refund/reduction in the amount shown.

Signed: 

Date: 12/12/2014

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Federal laws require that Form 1099 be filed by the City Comptroller's Office at the year-end for payment of earned interest. The Tax Equity and Fiscal Responsibility Act of 1982 has increased the penalties for non-compliance.

Therefore, on the enclosed Form W-9, we request that you furnish us with the **Social Security Number** and the **signature** of the person listed first on the name line **OR** the **Employer I.D. Number** of the business and the appropriate person's **signature**. Please verify below to whom refund is to be made out to and what address it is to be mailed to if different from objection form.

PAYEE: VON BRIESEN & MAILING ADDRESS: C/O ALAN MARCOWITZ  
ROPER TRUST ACCOUNT 411 E. WISCONSIN #1000  
MILWAUKEE, WI 53202

Pursuant to § 70.511(2)(b) if forms are returned on or before November 1, 2014, your refund is payable on or before January 31st, 2015. After November 1, 2014, refund is payable by January 31st, 2016.

*↳ Claim Served on 10/31/2014 so Refund DUE 1/31/2015.*

TO THE HONORABLE, THE COMMON COUNCIL

City of Milwaukee

Dear Members of the Common Council:


In re: **392-1102-000-1**  
~~250 N WATER ST~~ 316 N. MILWAUKEE ST.  
**GEORGE BOCKL & JOSEPH M BERNSTEIN CO**  
**TRUSTEES OF GEORGE BLCKL LIVING TRUST**

**Year: 2013**

**Amount of Assessment Reduction: \$850,000**

**Amount of Tax Reduction: \$26,022.74**

As the result of action by the Board of Review, the assessment of my property was reduced as indicated above. Under Section 70.511 (2)(b) of the Wisconsin Statutes, I hereby make application to your Honorable Body for a tax refund/reduction in the amount shown.

Signed:   
Date: 12/12/2014

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Federal laws require that Form 1099 be filed by the City Comptroller's Office at the year-end for payment of earned interest. The Tax Equity and Fiscal Responsibility Act of 1982 has increased the penalties for non-compliance.

Therefore, on the enclosed Form W-9, we request that you furnish us with the **Social Security Number** and the **signature** of the person listed first on the name line **OR** the **Employer I.D. Number** of the business and the appropriate person's **signature**. Please verify below to whom refund is to be made out to and what address it is to be mailed to if different from objection form.

PAYEE: Van Briesen & Rosen MAILING ADDRESS: C/O ALAN MARCOWITZ  
Trust Account 411 E. WISCONSIN AVE #1000  
MILWAUKEE, WI 53202

Pursuant to § 70.511(2)(b) if forms are returned on or before November 1, 2014, your refund is payable on or before January 31st, 2015. After November 1, 2014, refund is payable by January 31st, 2016.

↳ claim served on 10/31/2014 so Refund DUE 1/31/2015.