## REQUEST FOR VACATION OF IN REM JUDGMENT

## FOLLOW THE INSTRUCTIONS LISTED BELOW:

- 1. Type or print firmly with ball point pen.
- 2. Use separate form for each property.
- 3. Check the copy of the attached ordinance for guidelines and eligibility. No written request to proceed under the ordinance may be submitted for consideration to the Common Council where more than 45 days has elapsed from the date of entry of the in rem judgment to the date of receipt of the request by the City Clerk.
- 4. Administrative costs totaling \$1370.00 must be paid by Cashiers Check to the City Treasurer's Office prior to acceptance of this application.
- 5. Complete boxes a, b, c, d, and e.
- 6. Forward completed application to City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202.

APPLICANT INFORMATION:		
A. PROPERTY ADDRESS 3549 N.OY+1	1 3/st St	reet
TAX KEY NUMBER 32 50807-100	2-X Parcel	283
NAME OF APPLICANT JOSEPH & MI	ARY WhitA	Ker
MAILING ADDRESS 2542 NOT4	halst stra	eet
Mil Waykee Wisconsi.	n 53306	264-5082
CITY	ZIP CODE	TELPHONE NUMBER
B. FORMER OWNER YES NO		
If no, describe interest in this property		
		<del>- 용 - 옥</del> 숙
		3 13
C. LIST ALL OTHER REAL PROPERTY IN THE CITY OF MI HAS AN OWNERSHIP INTEREST IN (If not applicable, wri	LWAUKEE THAT THE FORM	TER WNE K
2542 North 21st	&f,	UREF UREF
		44
(Use reverse side, if additional	l space is needed)	**************************************
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D. HAVE MONIES FOR ADMINISTRATIVE COSTS BEEN DEPOSITED WITH THE CITY TREASURER'S OFFICE? (Documentation must be attached)	other unrecorded propertie	d the subject property and any is in which the former owner been filed with the Department
YES NO	YES	NO
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Applicant warrants and represents that all of the information provided herein is true and correct and agrees that if title to the property is restored to the former owner, applicant will indemnify and hold City harmless from and against any cost or expense which may be asserted against City as a result of its being in the chain of title to the property. Applicant understands that if this request is withdrawn or denied the City shall retain all of the administrative costs applicant paid.

APPLICANT'S SIGNATURE

Payment Receipt City Office of the City Treasurer • City Hall, Room 103 200 East Wells Street • Milwaukee, Wisconsin 53202 Telephone (414) 286-2240
Received of: Doseph wh. taken
Tax Account No.: <u>323-08-07-100-</u> χ
Property Address: <u>2849 か・21 まナ</u>
Cash \$ <u>1370 ი ე</u> Check \$
Installment Payment ロ Bond Payment ロナル・Remicabol -04
Delinquent Tax Payment  Year: <u>99-61</u>
Current Collection Tax Payment
Duplicate Tax Bill Fee  Other
Received by: Susan, Heapinski
Date: <u>┡ - 1≲ - o                               </u>