## REQUEST FOR VACATION OF IN REM JUDGMENT

## FOLLOW THE INSTRUCTIONS LISTED BELOW:

- Type or print firmly with ball point pen.
- Use separate form for each property.
- 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.
- Administrative costs totaling \$1370.00 must be paid by Cashiers Check to the City Treasurer's Office prior to acceptance of this application.
- Complete boxes a, b, c, d, and e.

	Vells Street, Room 103, Milwaukee, WI 53202.
APPLICANT INFORMATION:	
A. PROPERTY ADDRESS 4260 N. 30	154
TAX KEY NUMBER <u>246-0189-K</u>	P 63
A. PROPERTY ADDRESS 4260 N. 30 TAX KEY NUMBER 246-0189-K  NAME OF APPLICANT ERVIN J. CAR	rsow dr.
MAILING ADDRESS 5/48 N.4/8	
CITY MINONIUE STATE NA.	ZIP CODE 53209 TELPHONE NUMBER
B. FORMER OWNER YES X NO	
If no, describe interest in this property	<b>3</b>
	A SEC
	<b>22</b>
C. LIST ALL OTHER REAL PROPERTY IN THE CITY OF MIL HAS AN OWNERSHIP INTEREST IN (If not applicable, write 5/48 N, 4/8 / /// //// ///////////////////////	e NONE).
(Use reverse side, if additional	space is needed)
D. HAVE MONIES FOR ADMINISTRATIVE COSTS BEEN DEPOSITED WITH THE CITY TREASURER'S OFFICE? (Documentation must be attached)  YES  NO	E. DEPT OF NEIGHBORHOOD SERVICES FILING: Have applications to record the subject property and any other unrecorded properties in which the former owner has an ownership interest been filed with the Department of Neighborhood Services per s. 200-51.5?

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 Applicant understands that if this request is withdrawn or denied the City shall retain all of the administrative costs applicant paid.



DATE April 29, 02

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: <u>ERVIN CARSON OR</u> .
Tax Account No.: <u>246 - 0189</u> - X
Property Address: 4260 N. 30th 54
Cash \$ 1370.00 Check \$
Installment Payment  Bond Payment
Delinquent Tax Payment  Year:
Current Collection Tax Payment
Duplicate Tax Bill Fee D Other 🏻
Received by: <u>Clux</u>
Date: 4/30/02
Mac Vidaemon L DI VI