

City of Milwaukee
Office of the City Clerk
City Hall, Room 205
Milwaukee, Wisconsin

NOTICE OF DISALLOWANCE OF CLAIM
(Pursuant to Sec. 74.37 WIS. STATS.)

TO: Thomas E. & Mary M. Craine
1011 E. Holt Avenue
Milwaukee, WI 53207-3539

You are hereby notified that the Common Council of the City of Milwaukee has duly disallowed the claim filed by you. No action on your claim against the City of Milwaukee may be brought after ninety (90) days from the date of service of the Notice of Disallowance.

FILE NUMBER: 080214

Regarding: Property Damage

Claim Disallowed on: July 1, 2008

Dated this 1st day of July, 2008

Ronald D Leonhardt

Ronald Leonhardt
City Clerk

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Postage

Sent To **Thomas E. & Mary M. Craine**
1011 E. Holt Avenue
Milwaukee, WI 53207-3539

Street, Apt. 7
or PO Box N
City, State, ZIP

PS Form 3800, June 2002 See Reverse for Instructions

City of Milwaukee
Office of the City Clerk
City Hall, Room 205
Milwaukee, Wisconsin

NOTICE OF DISALLOWANCE OF CLAIM
(Pursuant to Sec. 74.37 WIS. STATS.)

TO: Afni Insurance Services
P.O. Box 3068
Bloomington, IL 61702

You are hereby notified that the Common Council of the City of Milwaukee has duly disallowed the claim filed by you. No action on your claim against the City of Milwaukee may be brought after ninety (90) days from the date of service of the Notice of Disallowance.

FILE NUMBER: 080214

Regarding: Property Damage

Claim Disallowed on: July 1, 2008

Dated this 1st day of July, 2008

Ronald D Leonhardt

Ronald Leonhardt
City Clerk

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage Afni Insurance Services

Sent To P.O. Box 3068 *Stover*

Street, Apt. or PO Box Bloomington, IL 61702 *Chiles*

City, State

PS Form 3800, June 2002 See Reverse for Instructions