



IMPORTANT NOTICE: A \$25 FILING FEE MUST ACCOMPANY  
THIS APPEAL, WITHIN 30 DAYS OF ASSESSED CHARGES.  
Checks should be made payable to: City of Milwaukee and a copy of the  
bill should be included with your appeal.

IMPORTANT NOTICE FOR CUSTOMERS PAYING BY CHECK  
When you provide a check as payment, you authorize us either to use information from your check to make  
a one-time electronic fund transfer from your account, or to process the payment as a check transaction.

IF THE CHARGES HAVE ALREADY APPEARED ON YOUR TAX BILL, THIS APPEAL CANNOT BE FILED

PLEASE READ CAREFULLY:

This Board may only determine if the City Department followed proper administrative procedures. It cannot hear appeals  
as to whether a Building Order is valid or not (those must be appealed to the Standards and Appeals Commission).

TO: Administrative Review Appeals Board  
City Hall, Rm. 205  
200 E. Wells St.  
Milwaukee, WI 53202  
(414) 286-2231

DATE: 8-2-18

RE: 6304 N 125<sup>th</sup>  
(Address of property in question)

Pursuant to Chapter 68 of the Wisconsin Statutes and Section 320-11 of the Milwaukee Code of Ordinances,  
this is a written petition for appeal and hearing.

I am appealing the administrative procedure followed by DNS  
(Name of City Department)

Amount of the charges \$ ?

Charge relative to: dog bite

I feel the City's procedure was improper due to the following reasons and I have attached any supporting evidence,  
including city employee's names/dates which I spoke to regarding this issue and copies of any city orders received:

Already had  
appeal hearing

✓ sent from DNS  
I call'd  
8-1-18  
forgot to  
Include in  
Certified letter

[Signature]

Kimberlyn Gelhar  
Name (please print)

6304 N 125<sup>th</sup> 53225  
Mailing address and zip code

262-366-8718  
Daytime phone number

## Receipt of A.R.A.B. Appeal Fee

Date:	8/6/18
Received Of:	Kimberlyn Gelhar
Dangerous dog appeal	
Received By:	LME
Check # (If Applicable):	1119
Amount Received	\$25.00