

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	1				
	200 E. Wells St.					
	Milwaukee, WI 53202 (414) 286-2231		-			
	10 1- 0-10		\bigcirc	336 W	Daves.	
DATE:	12-13.2010		Est Avenue and A	Address of prope		
Under cl	n. 68, Wis. Stats., s. 320-11 of the Milwauke	e Code of Or				
I am ap	pealing the administrative procedure follo	owed by	Neighb	or hood	Services	
Amount	of the charges \$			City Department)		
	relative to: Reinspect	. 60N	Fee			
I feel th	e City's procedure was improper due to t g city employee's names/dates which I sp	he following	reasons and I hav	e attached any s	upporting evidence,	
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		Name (pleas	se print)			
	9334 W D141W S	53213	4/12/3	350 313	24	
	Mailing address and zip cod	e	Dav	time phone numb	er	

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

Date: 12/13/18

Received Of: Amos Mietz

Property at: 9336 W. Dixon

Received By: LME

Check # (If Applicable): 5135

Amount Received \$25.00

2010 DEC 13 P 3: 06