

IMPORTANT NOTICE: A \$25 FILING FEE MUST ACCOMPANY THIS APPEAL, WITHIN THE DEADLINE REFERENCED BY THE BILL.

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).

b and represent the same and represent commission).	
TO: Administrative Review Appeals Board City Hall, Rm. 205 200 E. Wells St.	
Milwaukee, WI 53202 (414) 286-2231	
DATE:	
Under ch. 68, Wis. Stats., s. 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 (Name of City Department) Amount of the charges \$ \[\sum_{\text{(Name of City Department)}} \]	
1 -00 10	
Charge relative to: WWSHC	
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: Though protection provides the provided Second protection of the control of the provided Second protection of the control of the	
Signature	
LVISTIN DIXON grant Por Accurate proper	105,
Mailing address and zip code ARAB form 10/1/2018	LLC
ARAB form 10/1/2018	







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

Date: 2/24/2020

Received Of: Kristin Dixon

Property at: 5529 N. 36th St.

Received By: LME

Check # (If Applicable): 6958

\$25.00