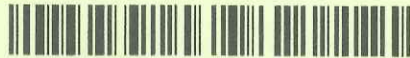


SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Darren Loomans
American Family Insurance
c/o Raymond C. savage
6000 American Parkway
Madison WI 53783-0001



9590 9402 4964 9063 4832 13

2. Article Number (Transfer from service label)

7019 2280 0001 7548 8516

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

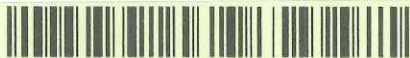
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MADISON WI 53783-0001

LaTasha Gatlin
6051 W Fond du Lac Avenue
Milwaukee WI 53218



9590 9402 4964 9063 4798 89

2. Article Number (Transfer from service label)

7019 2280 0001 7548 8493

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MADISON WI 53783-0001

Arline Weinert
6100 W Medford Avenue
Milwaukee WI 53218



9590 9402 4964 9063 4832 51

2. Article Number (Transfer from service label)

7019 2280 0001 7548 8509

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

**City of Milwaukee
Office of the City Clerk
City Hall
Milwaukee, Wisconsin**

**NOTICE OF DISALLOWANCE CLAIM
(Pursuant to Sec. 893.80 WIS. STATS.)**

LaTasha Gatlin

6051 W Fond du Lac Ave
Milwaukee WI 53218

You are hereby notified that the Common Council of the City of Milwaukee duly disallowed the claim filed by you. No action on your claim against the City of Milwaukee may be brought after six (6) months from the date of service of the Notice of Disallowance.


FILE NUMBER: 200622

Resolution relating to the claim of LaTasha Gatlin

Amount of Claim: \$35,000.00

Claim Disallowed on: January 19, 2021

Dated this 19th day of January, 2021



James R. Owczarski
City Clerk

Form: Disallow

**City of Milwaukee
Office of the City Clerk
City Hall
Milwaukee, Wisconsin**

**NOTICE OF DISALLOWANCE CLAIM
(Pursuant to Sec. 893.80 WIS. STATS.)**

Arline Weinert

6100 W Medford Ave
Milwaukee, WI 53218

You are hereby notified that the Common Council of the City of Milwaukee duly disallowed the claim filed by you. No action on your claim against the City of Milwaukee may be brought after six (6) months from the date of service of the Notice of Disallowance.

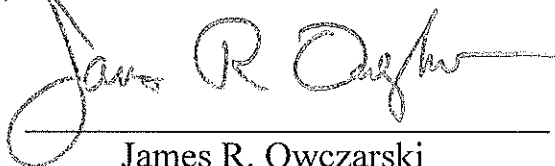
FILE NUMBER: 200657

Resolution relating to the claim of Arline Weinert.

Amount of Claim: \$10,667.11

Claim Disallowed on: January 19, 2021

Dated this 19th day of January, 2021



James R. Owczarski
City Clerk

Form: Disallow

**City of Milwaukee
Office of the City Clerk
City Hall
Milwaukee, Wisconsin**

**NOTICE OF DISALLOWANCE CLAIM
(Pursuant to Sec. 893.80 WIS. STATS.)**

Darren Loomans
American Family Insurance
On behalf of Raymond C. Savage

6000 American Parkway
Madison WI 53783-0001

You are hereby notified that the Common Council of the City of Milwaukee duly disallowed the claim filed by you. No action on your claim against the City of Milwaukee may be brought after six (6) months from the date of service of the Notice of Disallowance.

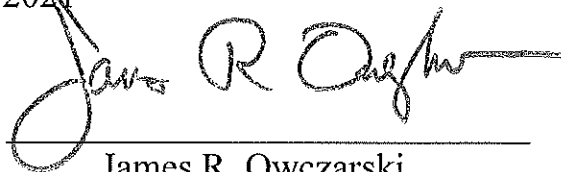
FILE NUMBER: 200658

Resolution relating to the claim of Raymond C. Savage

Amount of Claim: \$28,945.18

Claim Disallowed on: January 19, 2021

Dated this 19th day of January, 2021



James R. Owezarski
City Clerk

Form: Disallow