

*****ATTACHMENTS*****

CITY OF SHEBOYGAN

REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION

ITEM DESCRIPTION: Res. No. 48-17-18 by Alderpersons Donohue and Bohren. A Resolution to authorize establishing an appropriation in the 2017 Budget for TID 16 development incentive.

REPORT PREPARED BY: Nancy Buss, Finance Director

REPORT DATE: July 18, 2017

MEETING DATE: July 24, 2017

FISCAL SUMMARY:

Budget Line Item: N/A
Budget Summary: N/A
Budgeted Expenditure: N/A
Budgeted Revenue: N/A

STATUTORY REFERENCE:

Wisconsin Statutes: N/A
Municipal Code: N/A

BACKGROUND / ANALYSIS:

The Common Council approved Res. No. 223-16-17 approving the amended and restated contract for sale of land for private development by and between the City of Sheboygan and Eighth-New Jersey LLC. The amended and restated contract increased the developer incentive from the original agreed upon amount of \$1,775,000 to \$2,175,000, an increase of \$400,000 to cover the additional costs related to the foundation structure.

The Common Council approved Res. No. 26-17-18 which authorized a loan from the Trust Funds of the State of Wisconsin in the amount of \$400,000 for TID 16. The loan has been approved by the Board of Commissioners of Public Lands.

STAFF COMMENTS:

Wisconsin State Statutes requires no funds may be expended and no liabilities incurred by the city or any department unless authorized. The resolution will establish the appropriation in the 2017 budget to increase the incentive to the developer.

ACTION REQUESTED:

Motion to recommend the Common Council approve Res. No. 48-17-18 by Alderpersons Donohue and Bohren establishing an appropriation in the 2017 budget for TID 16 development incentive.

ATTACHMENTS:

- I. Res. No. 48-17-18
- II. Res. No. 223-16-17
- III. Res. No. 26-17-18

III

Other Matters

9.4

Res. No. 48 - 17 - 18. By Alderpersons Donohue and Bohren.
July 17, 2017.

A RESOLUTION to authorize establishing an appropriation in the 2017 Budget for TIF 16 Development incentive.

Establish appropriation for additional development incentive in TID 16 funded through a State Trust Fund Loan.

FROM	TO	AMOUNT
TIF 16 State Trust Fund Loan 42615100-493502	TIF 16 Development Incentive 42661100-530212	\$400,000

Finance

I HEREBY CERTIFY that the foregoing Resolution was duly passed by the Common Council of the City of Sheboygan, Wisconsin, on the _____ day of _____, 20____.

Dated _____ 20____, _____, City Clerk

Approved _____ 20____, _____, Mayor

OFFICE OF THE CITY CLERK
Sheboygan, Wisconsin
CITY HALL

I hereby certify that this is a true copy of a
document from the Common Council
proceedings of the City of Sheboygan.

Susan Richards
City Clerk

Res. No. 223 16 - 17. By Alderperson Wolf. March 20, 2017.

A RESOLUTION approving the Amended and Restated Contract for Sale of Land for Private Development by and between City of Sheboygan, Wisconsin and Eighth-New Jersey, LLC.

RESOLVED: That the City of Sheboygan hereby approves the Amended and Restated Contract for Sale of Land for Private Development by and between City of Sheboygan, Wisconsin and Eighth-New Jersey, LLC in form substantially similar to the documents attached hereto and incorporated herein by this reference.

BE IT FURTHER RESOLVED: That the Mayor and City Clerk are hereby authorized to sign all necessary documents on behalf of the City of Sheboygan.

*Finance
approve*

[Signature]

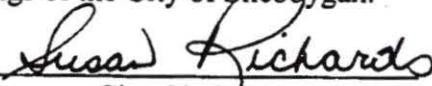
I HEREBY CERTIFY that the foregoing Resolution was duly passed by the
Common Council of the City of Sheboygan, Wisconsin, on the 5th day of
April, 2017.

Dated April 12 2017. Susan Richards, City Clerk
Approved April 12 2017. Michael Honderich, Mayor

Proceedings Published April 15, 2017.
Resolutions Published April 15, 2017.
Certified April 12, 2017 to - Assessor; Dir. Of City Dev.; Fin.
Dir./Treas.; CA; Atty.; Eng.

OFFICE OF THE CITY CLERK
Sheboygan, Wisconsin
CITY HALL

I hereby certify that this is a true copy of a
document from the Common Council
proceedings of the City of Sheboygan.



City Clerk

Res. No. 26 - 17 - 18. By Alderperson Donohue and Bohren.
June 5, 2017

A Resolution to authorize a loan from the Trust Funds of the State of Wisconsin in the sum of \$400,000 for TID #16 Housing Project.

By the provisions of Sec. 24.66 of the Wisconsin Statutes, all municipalities may borrow money for such purposes in the manner prescribed, and,

By the provisions of Chapter 24 of the Wisconsin Statutes, the Board of Commissioners of Public Lands of Wisconsin is authorized to make loans from the State Trust Funds to municipalities for such purposes. (Municipality as defined by Sec. 24.60(2) of the Wisconsin Statutes means a town, village, city, county, public inland lake protection and rehabilitation district, town sanitary district created under Sec. 60.71 or 60.72, metropolitan sewerage district created under Sec. 200.05 or 200.23, joint sewerage system created under Sec. 281.43(4), school district or technical college district.)

THEREFORE, BE IT RESOLVED, that the City of Sheboygan, in the County of Sheboygan, Wisconsin, borrow from the Trust Funds of the State of Wisconsin the sum of Four Hundred Thousand And 00/100 Dollars (\$400,000.00) for the purpose of financing development incentive for TID #16 housing project and for no other purpose.

The loan is to be payable within 10 years from the 15th day of March preceding the date the loan is made. The loan will be repaid in annual installments with interest at the rate of 3.50 percent per annum from the date of making the loan to the 15th day of March next and thereafter annually as provided by law.

RESOLVED FURTHER, that there shall be raised and there is levied upon all taxable property, within the City of Sheboygan, in the County of Sheboygan, Wisconsin, a direct annual tax for the purpose of paying interest and principal on the loan as they become due.

RESOLVED FURTHER, that no money obtained by the City of Sheboygan by such loan from the state be applied or paid out for any purpose except financing development incentive for TID #16 housing project without the consent of the Board of Commissioners of Public Lands.

TO FILE
2017

RESOLVED FURTHER, that in case the Board of Commissioners of Public Lands of Wisconsin agrees to make the loan, that the Mayor and clerk of the City of Sheboygan, in the County of Sheboygan, Wisconsin are authorized and empowered, in the name of the city to execute and deliver to the Commission, certificates of indebtedness, in such form as required by the Commission, for any sum of money that may be loaned to the city pursuant to this resolution. The Mayor and clerk of the city will perform all necessary actions to fully carry out the provisions of Chapter 24, Wisconsin Statutes, and these resolutions.

RESOLVED FURTHER, that this preamble and these resolutions and the aye and no vote by which they were adopted, be recorded, and that the clerk of this city forward this certified record, along with the application for the loan, to the Board of Commissioners of Public Lands of Wisconsin and repeal Resolution No. 13-17-18 dated May 1, 2017.

James A. Bosh

I HEREBY CERTIFY that the foregoing Resolution was duly passed by the Common Council of the City of Sheboygan, Wisconsin, on the 19th day of June, 2017.

Dated June 22, 2017. Susan C. Richards, City Clerk
Approved June 22, 2017. Michael J. Anderson, Mayor

Published June 24, 2017.
Certified June 22, 2017 to - Fin. Dir./Treas.; CA; City Dev.; Eng.

CITY OF SHEBOYGAN

REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION

ITEM DESCRIPTION: Priority Based Budgeting.

REPORT PREPARED BY: Nancy Buss, Finance Director

REPORT DATE: July 17, 2017

MEETING DATE: July 24, 2017

FISCAL SUMMARY:

Budget Line Item: N/A
Budget Summary: N/A
Budgeted Expenditure: N/A
Budgeted Revenue: N/A

STATUTORY REFERENCE:

Wisconsin Statutes: N/A
Municipal Code: N/A

BACKGROUND / ANALYSIS:

Members of the Common Council have suggested the city implement priority based budgeted. The concept was first introduced during the economic downturn in 2008. Priority based budgeting will optimize resource alignment with results, greatly enhance the city's ability to share the outcomes with citizens, and ultimately channel resources with the results the council and citizens desire. As the organization continues to offer services without an increase in the tax levy, the need to prioritize programs will reshape the way resources are leveraged to achieve desired results. Implementation of priority based budgeting with assist in understanding what services the city offers, what it costs, and its value.

STAFF COMMENTS:

Staff recently visited Washington County who has implemented priority based budgeting assisted by Resource X, an online service which assists in:

- 1.) implementing the process in an efficient and intuitive web based platform
- 2.) sustains and evolves information over several years
- 3.) transparently shares the outcomes internally within the organization and externally with citizens

The program allows for comparison of data with organizations of similar population and budget size.

The initial annual subscription fee is \$30,000 with an annual renewal rate of \$20,000.

ACTION REQUESTED:

Motion to authorize staff to include the annual subscription fee for Resource X in the 2018 budget and recommend inclusion of the annual renewal fee of \$20,000 in future year budgets.

CITY OF SHEBOYGAN

REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION

ITEM DESCRIPTION: DIRECT REFERRAL. Res. No. 49-17-18 by Ald. Donohue and Bohren authorizing entering into an agreement with Ruckert-Mielke for preliminary engineering services for the expansion of the Sheboygan Business Center.

REPORT PREPARED BY: Chad Pelishek, Director of Planning & Development

REPORT DATE: July 19, 2017

MEETING DATE: July 24, 2017

FISCAL SUMMARY:

Budget Line Item: N/A
Budget Summary: N/A
Budgeted Expenditure: N/A
Budgeted Revenue: N/A

STATUTORY REFERENCE:

Wisconsin Statutes: N/A
Municipal Code: N/A

BACKGROUND / ANALYSIS:

Ruckert-Mielke was retained in February 2017 to assist the City in exploring options for the expansion the Sheboygan Business Center on the south side of Sheboygan. The master plan was presented to the Common Council on July 3, 2017. In order to complete some key steps before winter, particularly a wetland delineation and storm water management designs, it is important for the City to contract for these services as soon as feasible. The preliminary engineering services will be funded through the City's Industrial Park Fund and are TID eligible expenses.

STAFF COMMENTS:

This phase will also provide more detailed cost estimates for the full development and the phase 1 improvements to be used in a development of the Tax Incremental District project plan which needs to be filed with the state by December 2017 in order to start as of January 1, 2018. City Planning staff has reviewed the proposal with Public Works staff and feels the costs are reasonable and recommend approval. Staff also recommends the Common Council waive the competitive bidding process due to the experience Ruckert-Mielke has as it relates to the proposed expansion area in completing the feasibility report.

ACTION REQUESTED:

Motion to recommend the Common Council approve Res No. 49-17-18 and agreement with Ruckert-Mielke, Waukesha, WI, for \$171,551 for preliminary engineering services related to expansion of the Sheboygan Business Center.

ATTACHMENTS:

- I. Res. No. 49-17-18
- II. Proposal dated July 20, 2017 from Ruckert-Mielke

III

DIRECT REFERRAL TO FINANCE AND PERSONNEL COMMITTEE

Res. No. 49- 17 - 18 . By Alderperson Donohue and Bohren. August 7, 2017.

A RESOLUTION authorizing entering into an agreement with Ruckert Mielke for preliminary engineering services related to the expansion of the Sheboygan Business Center.

WHEREAS, in order to complete a wetland delineation and complete preliminary engineering plans to develop more detailed cost estimates to be used as part of the Tax Incremental District planning in a timely manner, the city staff recommends proceeding with the contract with Ruckert Mielke.

RESOLVED: That the appropriate City Officials are hereby authorized to enter into contract with Ruckert Mielke for \$171,551 and draw orders on Account Number 407661100-521900 in payment of same.

Finance + Personnel

I HEREBY CERTIFY that the foregoing Resolution was duly passed by the Common Council of the City of Sheboygan, Wisconsin, on the _____ day of _____, 20____.

Dated _____ 20____. _____, City Clerk

Approved _____ 20____. _____, Mayor

July 19, 2017

Mr. Chad D. Pelishek
Director of Planning & Development
Department of City Development
City of Sheboygan
828 Center Avenue, Suite 104
Sheboygan, WI 53081-4442

Re: Proposed Business Center Expansion Phase II Proposal

Dear Mr. Pelishek:

Ruekert & Mielke, Inc. (R/M) is pleased to submit our proposed scope and associated costs for Phase II of the City's proposed expansion of their existing business center.

We have recently completed the preliminary planning for the expansion which we will be presenting to the Common Council in the near future. With considerable input from you and the rest of the City staff, this recommended Master Plan will provide the basis for the City's strategy going forward.

Phase II of this project is the preliminary engineering for the expanded business center. It is our understanding that the City wants to begin construction of a portion of the business center in 2018. This is feasible, based upon our experience with other business parks we have designed, if we begin Phase II services by very early August 2017. A lot of work must be accomplished between now and Spring of 2018 in order to meet this goal. Some things, such as wetland delineations, must be completed by the end of October (or sooner) due to weather restrictions set by DNR.

SCOPE OF SERVICES

Based upon meetings with you and the rest of the City staff, we have prepared the following lists of tasks for Phase II.

Sanitary Sewer System

- Review existing system w/Staff
- Develop peak flows
- Layout sanitary sewer
- Sanitary sewer routing
- Determine any needed downstream improvements
- Review w/Staff
- Prepare phasing plan
- Prepare cost estimates

~Sheboygan City 8000 10001 Business Park Expansion > 100 Study > Meeting > Pelishek-20170719-Proposed Business Center Expansion Phase II Proposal.docx~

Mr. Chad D. Pelishek, City of Sheboygan
Proposed Business Center Expansion Phase II Proposal
July 19, 2017
Page 2

Notify Bay-Lake RPC of proposed sewer extensions
Prepare exhibits

Water Supply & Distribution

Layout water system
Review w/Staff
Prepare phasing plan
Prepare cost estimates
Prepare exhibits

Storm Water Management

Discuss & determine concepts w/Staff
Prepare storm water Master Plan
Pond sizing & placement
Water quality objectives
Layout storm water system
Review w/Staff
Prepare phasing plan
Prepare cost estimates
Prepare exhibits

Streets

Determine traffic projections & layout
Boulevard
Roundabouts
Develop Typical Section
CTH OK intersections
Review w/Staff
Meet w/Sheboygan County PW re: connections to CTH OK
System layout
Prepare phasing plan
Prepare cost estimates
Prepare exhibits

Mr. Chad D. Pelishek, City of Sheboygan
Proposed Business Center Expansion Phase II Proposal
July 19, 2017
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Overall Grading Plan

- Perform preliminary grading plan & earthwork balance
- Review w/Staff
- Prepare phasing plan
- Prepare cost estimates
- Prepare exhibits

Landscaping Amenities

- Paths
- Pond/Common areas
- Street lighting
- Gateway component options
- Review w/Staff
- Prepare cost estimates
- Prepare exhibit

Overall Site Plan

- Discuss frontage road acquisition w/WDOT/Sheboygan County
- Utilize previous Lidar mapping of area (including survey control) provided by Sheboygan County
- Prepare Plat of Survey
- Prepare Base Map w/Existing Municipal Utilities
- Perform wetland delineation of the initial 200 acres

Even though the City will probably only initially construct a portion of the entire area outlined in yellow on the enclosed map, it is necessary to plan the entire outlined area in order to accurately estimate the extent (sizes, depths, locations, etc.) of the infrastructure and their associated costs.

DELIVERABLES

We will furnish approximately 65% complete engineering documents and accompanying cost estimates for review by the Common Council for their deliberations on proceeding further.

Mr. Chad D. Pelishek, City of Sheboygan
Proposed Business Center Expansion Phase II Proposal
July 19, 2017
Page 4

If at that time, the Common Council chooses to move forward, the next step would be preparation of final, biddable engineering plans, specifications and bidding documents for construction of the infrastructure to serve the business center expansion beginning in early Spring of 2018.

SCHEDULE

Assuming we receive authorization from the City to begin by August 7, 2017, we will commit the necessary resources to complete this phase by October 1, 2017. We will also be able to provide your financial consultant with the preliminary cost estimates prior to that for their use in preparing a tax incremental project plan.

ESTIMATED FEES

Based upon the above outlined Scope of Services, we propose to perform the stated tasks at our hourly rates at a cost not to exceed \$171,551.00. If the Lidar mapping from Sheboygan County is insufficient for our use, the cost would increase by \$30,000.

We are prepared to begin work immediately upon authorization from the City.

Please contact me with any questions. We look forward to working with the City on this very exciting project.

Very truly yours,

RUEKERT & MIELKE, INC.

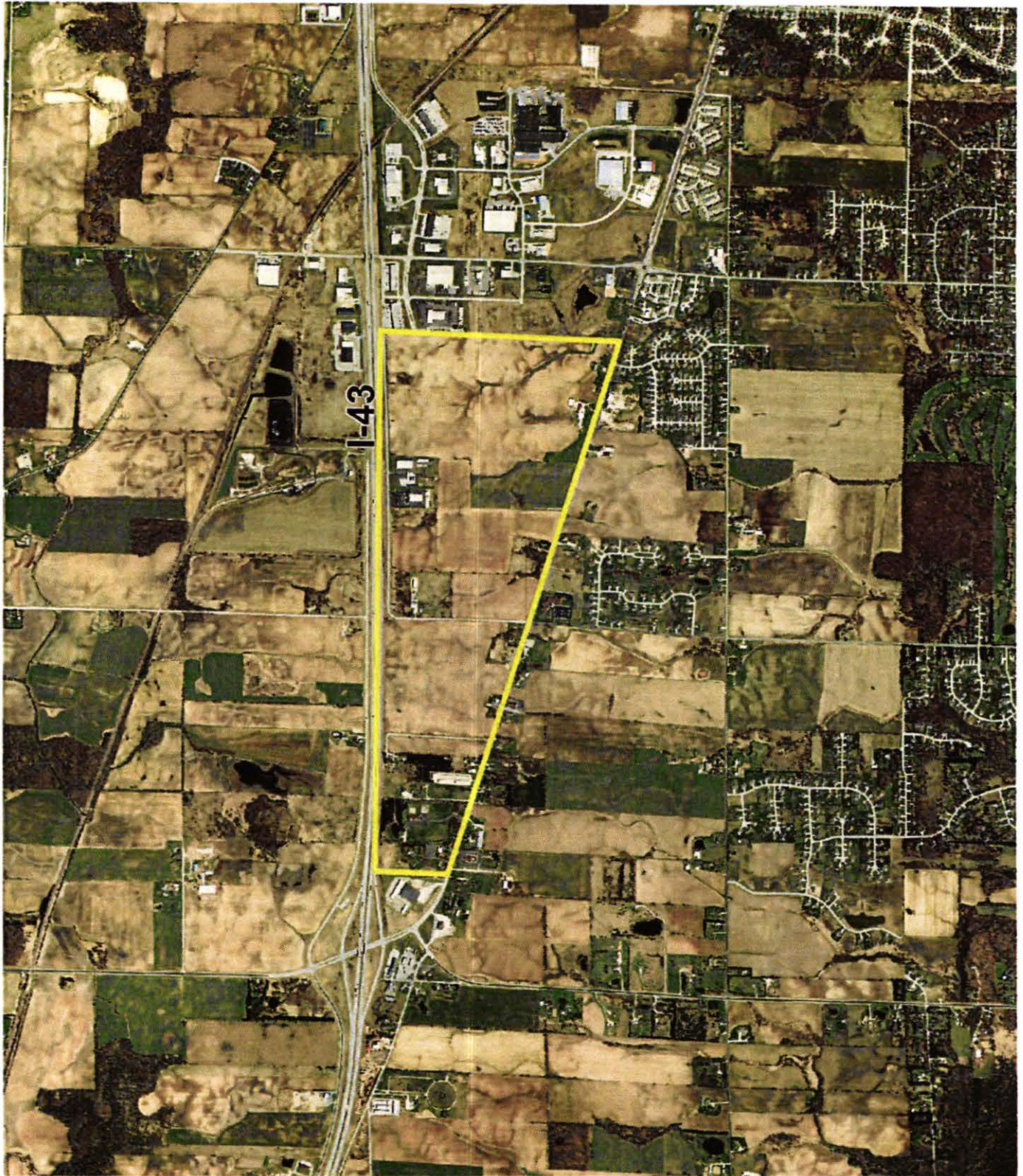


Joseph W. Eberle, P.E. (WI, IL, MN)
Senior Project Manager
jeberle@ruekert-mielke.com

JWE:jlb
Enclosure


cc: Andy Petersen, P.E., Ruekert & Mielke, Inc.
File

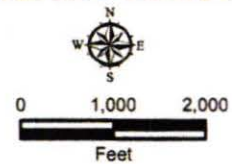
Phase II Area



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Legend
 Study Area



 Ruckert · Mielke

CITY OF SHEBOYGAN

REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION

ITEM DESCRIPTION: R.O. No. 48-17-18 claim from Dylan Herman for alleged damages to his vehicle.

REPORT PREPARED BY: Laurie Suhrke, Auditor/Analyst

REPORT DATE: July 18, 2017

MEETING DATE: July 24, 2017

FISCAL SUMMARY:

Budget Line Item: N/A
Budget Summary: N/A
Budgeted Expenditure: N/A
Budgeted Revenue: N/A

STATUTORY REFERENCE:

Wisconsin Statutes: N/A
Municipal Code: N/A

BACKGROUND / ANALYSIS:

The claim was received on May 31, 2017. The claim is for \$163.50 in alleged damages to Mr. Herman's vehicle while driving over a pothole at the intersection of South 19th Street and Ashland Avenue.

STAFF COMMENTS:

City staff has reviewed the claim and the recommendation is to deny the claim.

ACTION REQUESTED:

Motion to recommend the Common Council deny R. O. No. 48-17-18 and to direct the City Attorney to send a Notice of Disallowance.

ATTACHMENTS:

- I. R. O. No. 48-17-18

II

4.8

R. O. No. 48 - 17 - 18. By CITY CLERK. June 5, 2017.

Submitting a claim from Dylan Herman for alleged damages to the tires on his vehicle when he hit a pothole on 19th Street and Ashland Avenue.

*Finance
Personnel*

City Clerk

DATE RECEIVED May 31st 2017

RECEIVED BY MD

CLAIM NO. 05-17

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

MAY 31 '17 AM 11:33

- 1. Notice of death, injury to persons or to property must be filed not later than 120 days after the occurrence.
- 2. Attach and sign additional supportive sheets, if necessary.
- 3. This notice form must be signed and filed with the Office of the City Clerk.

4. TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE.

1. Name of Claimant: Dylan Heenan

2. Home address of Claimant: 1802 S 24th St SHEBOYGAN, WI 53081

3. Home phone number: 414-510-9613

4. Business address and phone number of Claimant: N/A

5. When did damage or injury occur? (date, time of day) May 29th 2017, evening 6:30 pm

6. Where did damage or injury occur? (give full description) passenger side tires
of vehicle 19th and Ashland Ave

7. How did damage or injury occur? (give full description) Large deep pothole

8. If the basis of liability is alleged to be an act or omission of a City officer or employee, complete the following:

(a) Name of such officer or employee, if known: N/A

(b) Claimant's statement of the basis of such liability: N/A

9. If the basis of liability is alleged to be a dangerous condition of public property, complete the following:

(a) Public property alleged to be dangerous: I called po dept of city works
after speaking with the city building inspector about location and problem of said
pothole

(b) Claimant's statement of basis for such liability: _____

After speaking with city, pothole was filled in.

10. Give a description of the injury, property damage or loss, so far as is known at this time. (If there were no injuries, state "NO INJURIES").

No injuries, popped Bent tires on passenger side of car

11. Name and address of any other person injured: N/A

12. Damage estimate: (You are not bound by the amounts provided here.)

Auto:	\$	<u>163⁵⁰</u>
Property:	\$	<u> </u>
Personal injury:	\$	<u> </u>
Other: (Specify below)	\$	<u> </u>
TOTAL		\$ <u>163⁵⁰</u>

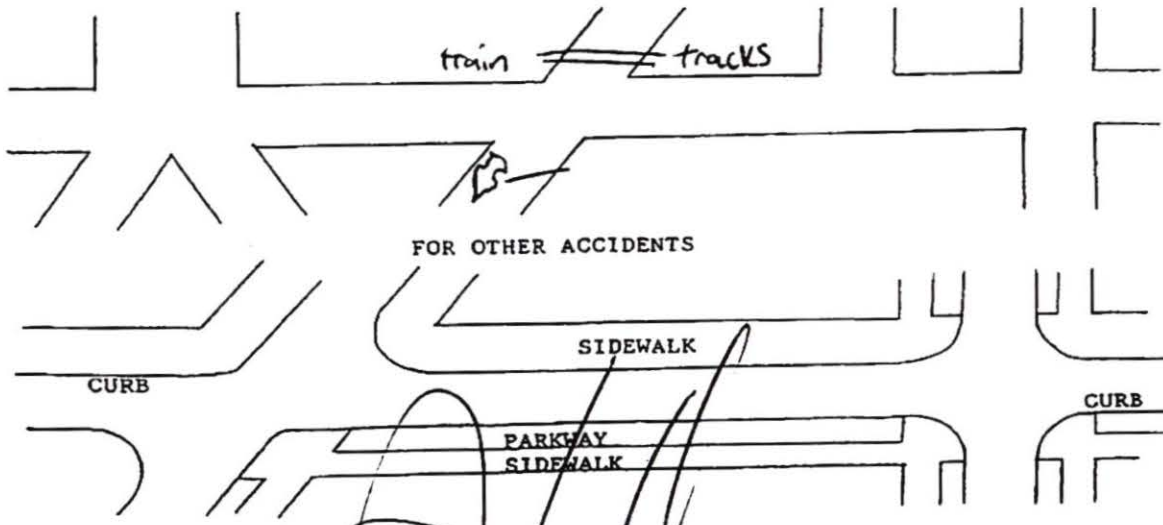
Damaged vehicle (if applicable)

Make: Volvo Model: S70 Year: 1998 Mileage: 85,100

Names and addresses of witnesses, doctors and hospitals: _____

FOR ALL ACCIDENT NOTICES, COMPLETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE NAMES OF ALL STREETS, HOUSE NUMBERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE (IF APPLICABLE), WHICH IS CLAIMANT VEHICLE, LOCATION OF INDIVIDUALS, ETC.

NOTE: If diagrams below do not fit the situation, attach proper diagram and sign.



SIGNATURE OF CLAIMANT

[Handwritten signature]

DATE May 31st 2017

DATE RECEIVED May 31ST 2017

RECEIVED BY MD
CLAIM NO. 05-17

CLAIM

Claimant's Name: Dylan Herman
Claimant's Address: 1802 S 24ST
SHEBOYGAN WI 53081
Claimant's Phone No. 414 510 9613

Auto \$ 16350
Property \$ _____
Personal Injury \$ _____
Other (Specify below) \$ _____
TOTAL \$ 16350

PLEASE INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.
(WISCONSIN STATUTES 943.395)

The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury. The claim is for relief in the form of money damages in the total amount of \$ 16350.

SIGNED [Signature] DATE: 5/31/17
ADDRESS: 1802 S 24ST SHEBOYGAN WI 53081

MAIL TO: CLERK'S OFFICE
828 CENTER AVE #100
SHEBOYGAN WI 53081

CITY OF SHEBOYGAN

REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION

ITEM DESCRIPTION: R.O. No. 63-17-18 is a claim from William J. Borzyskowski for alleged damages to his vehicle.

REPORT PREPARED BY: Laurie Suhrke, Auditor/Analyst

REPORT DATE: July 18, 2017

MEETING DATE: July 24, 2017

FISCAL SUMMARY:

Budget Line Item: N/A
Budget Summary: N/A
Budgeted Expenditure: N/A
Budgeted Revenue: N/A

STATUTORY REFERENCE:

Wisconsin Statutes: N/A
Municipal Code: N/A

BACKGROUND / ANALYSIS:

The claim was received on June 6, 2017. The claim is for \$2,967.22 in alleged damages to Mr. Borzyskowski's vehicle. The damages were caused by a city garbage truck that backed into the claimant's vehicle that was parked in front of his residence.

STAFF COMMENTS:

City staff has reviewed the claim and under the authorization by the Common Council, Resolution No. 93-14-15, the City of Sheboygan has settled the claim in the amount of \$2,369.37.

ACTION REQUESTED:

Motion to recommend the Common Council file R. O. No. 63-17-18 as the claim has already been settled pursuant the authority granted by Common Council in Res. No. 93-14-15.

ATTACHMENTS:

- I. R. O. No. 63-17-18

II

4.3

R. O. No. 63-17-18. By CITY CLERK. June 19, 2017.

Submitting a claim from William J. Borzyskowski for alleged damages to his vehicle when a City garbage truck backed up into his car.

*Finance &
Personnel*

City Clerk

DATE RECEIVED 6/6/17

RECEIVED BY ckl

CLAIM NO. 08-17

CITY OF SHERBOGAN NOTICE OF DAMAGE OR INJURY

JUN 6 '17 AM 8:44

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

- 1. Notice of death, injury to persons or to property must be filed not later than 120 days after the occurrence.
- 2. Attach and sign additional supportive sheets, if necessary.
- 3. This notice form must be signed and filed with the Office of the City Clerk.

4. TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE.

- 1. Name of Claimant: WILLIAM J BORZYSKOWSKI
- 2. Home address of Claimant: 528 WHITCOMB AVE
- 3. Home phone number: 920 889 7537
- 4. Business address and phone number of Claimant: _____

5. When did damage or injury occur? (date, time of day) 05/26/2017 @ 8:39 A.M.

6. Where did damage or injury occur? (give full description) 528 WHITCOMB AVE

VEHICLE WAS LEGALLY PARKED ON NORTH SIDE OF WHITCOMB AVE
IN FRONT OF MY RESIDENCE

7. How did damage or injury occur? (give full description) CITY GARBAGE TRUCK

BACKED INTO MY VEHICLE

8. If the basis of liability is alleged to be an act or omission of a City officer or employee, complete the following:

(a) Name of such officer or employee, if known: _____

(b) Claimant's statement of the basis of such liability: _____

9. If the basis of liability is alleged to be a dangerous condition of public property, complete the following:

(a) Public property alleged to be dangerous: _____

(b) Claimant's statement of basis for such liability: _____

10. Give a description of the injury, property damage or loss, so far as is known at this time. (If there were no injuries, state "NO INJURIES").

FRONT GRILL, HEADLIGHT AND BUMPER, FLOOD, PLUS DRIVER'S
SLUE FRONT FENDER

11. Name and address of any other person injured: _____

12. Damage estimate: (You are not bound by the amounts provided here.)

Auto: \$ 2795.93

Property: \$ _____

Personal injury: \$ _____

Other: (Specify below) \$ 171.29

CAR RENTAL **TOTAL** \$ 2967.22

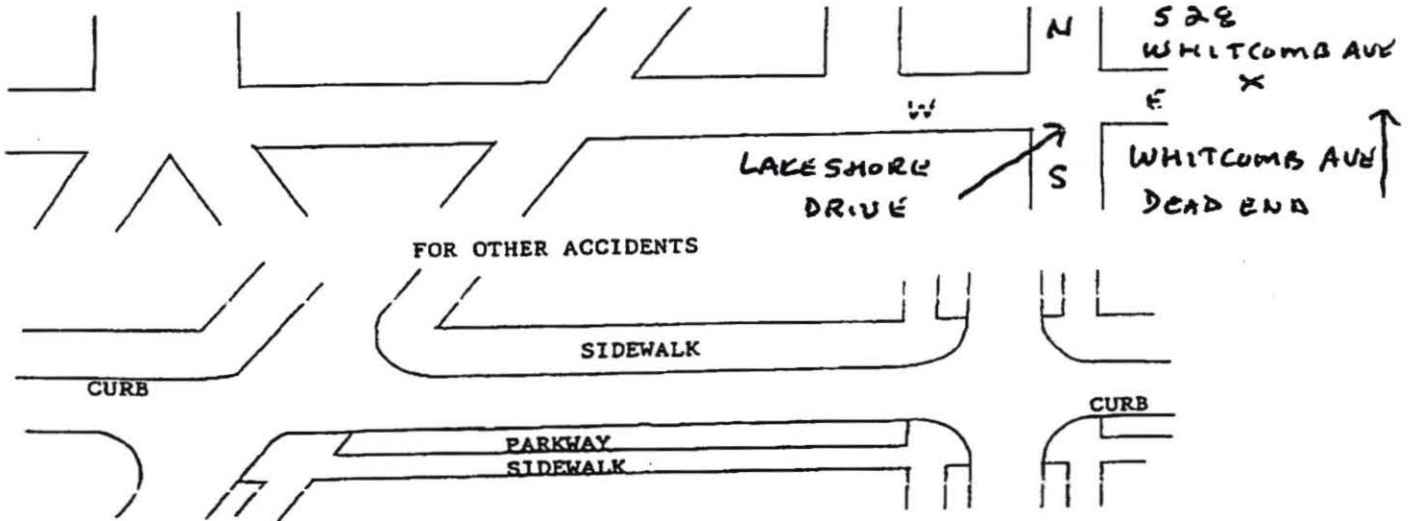
Damaged vehicle (if applicable)

Make: CHEV Model: TAKOE Year: 1997 Mileage: 110682

Names and addresses of witnesses, doctors and hospitals: _____

FOR ALL ACCIDENT NOTICES, COMPLETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE NAMES OF ALL STREETS, HOUSE NUMBERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE (IF APPLICABLE), WHICH IS CLAIMANT VEHICLE, LOCATION OF INDIVIDUALS, ETC.

NOTE: If diagrams below do not fit the situation, attach proper diagram and sign.



SIGNATURE OF CLAIMANT W. Bayph DATE 6/6/2017

DATE RECEIVED 6/6/17

RECEIVED BY ckl

CLAIM NO. 08-17

CLAIM

JUN 6 '17 AM 8:44

Claimant's Name:	<u>WILLIAM J BORZYSKOWSKI</u> Auto	\$ <u>2795.93</u>
Claimant's Address:	<u>528 WHITCOMB AVE</u> Property	\$ _____
	<u>SHEBOYGAN, WI. 53081</u> Personal Injury	\$ _____
Claimant's Phone No.	<u>420 884 7557</u> Other (Specify below)	\$ <u>171.29</u>
	<u>CAR RENTAL</u> TOTAL	\$ <u>2967.22</u>

PLEASE INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.

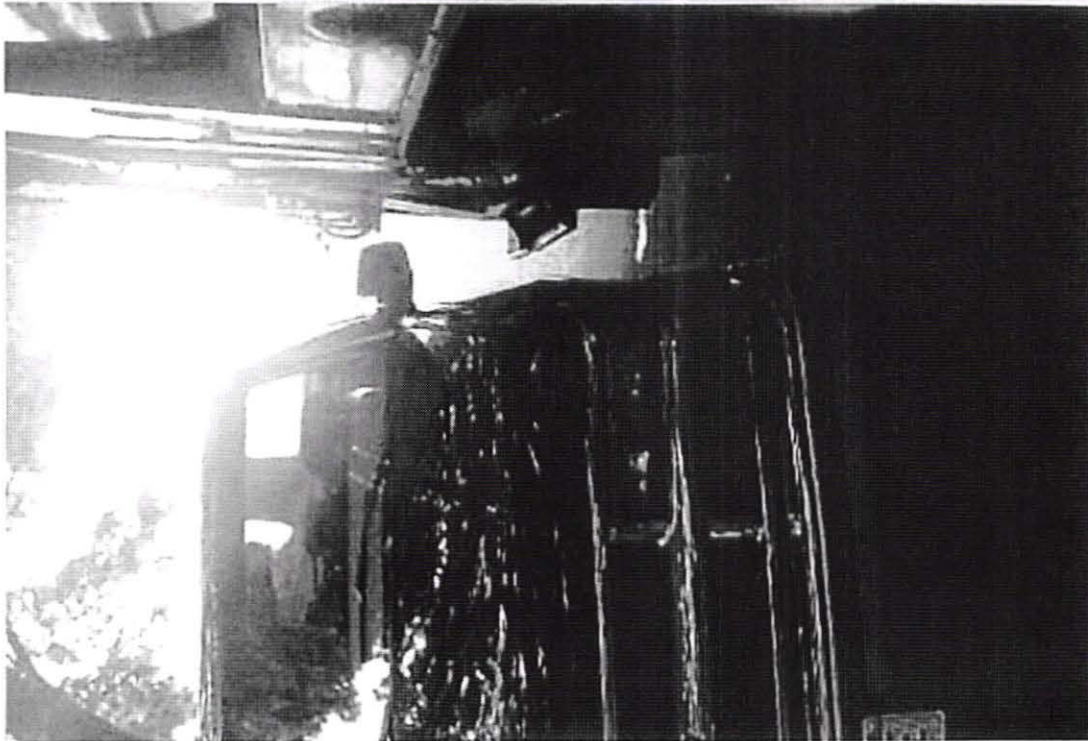
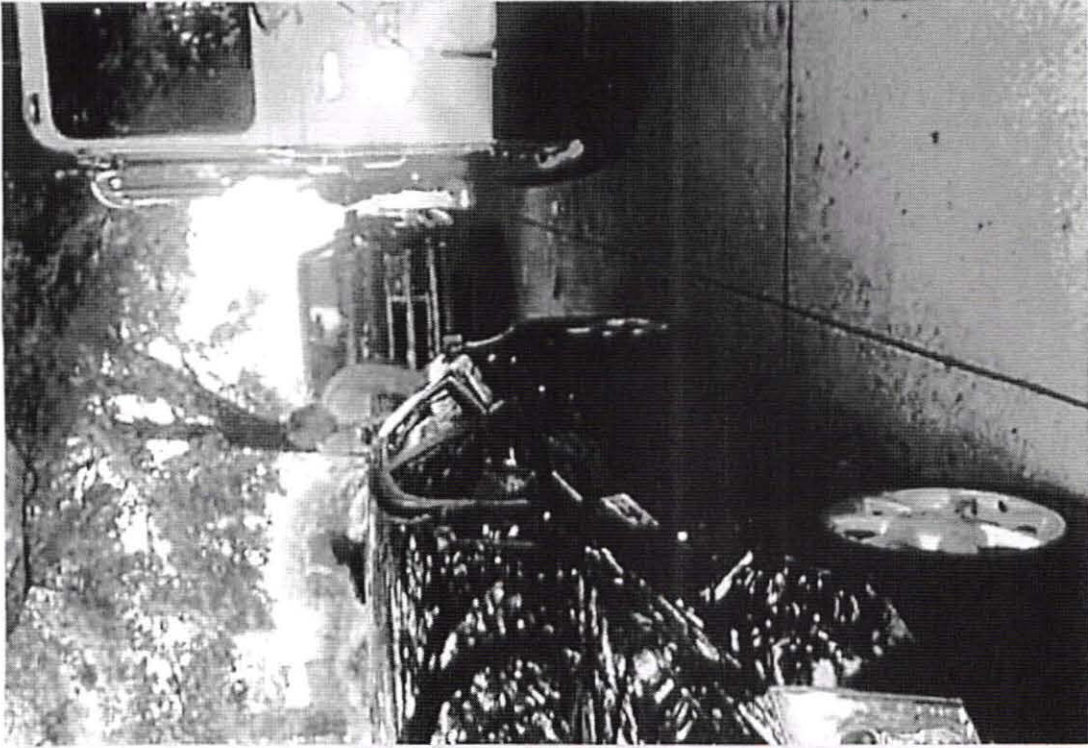
WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.
(WISCONSIN STATUTES 943.395)

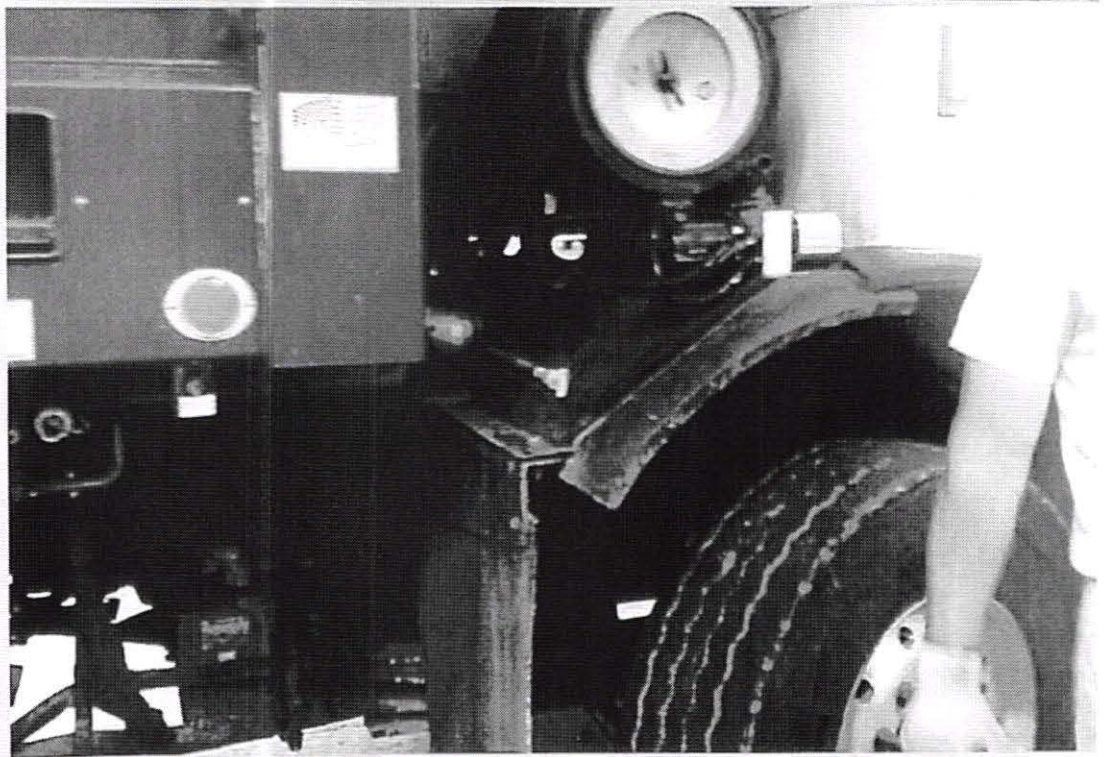
The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury. The claim is for relief in the form of money damages in the total amount of \$ 2967.22.

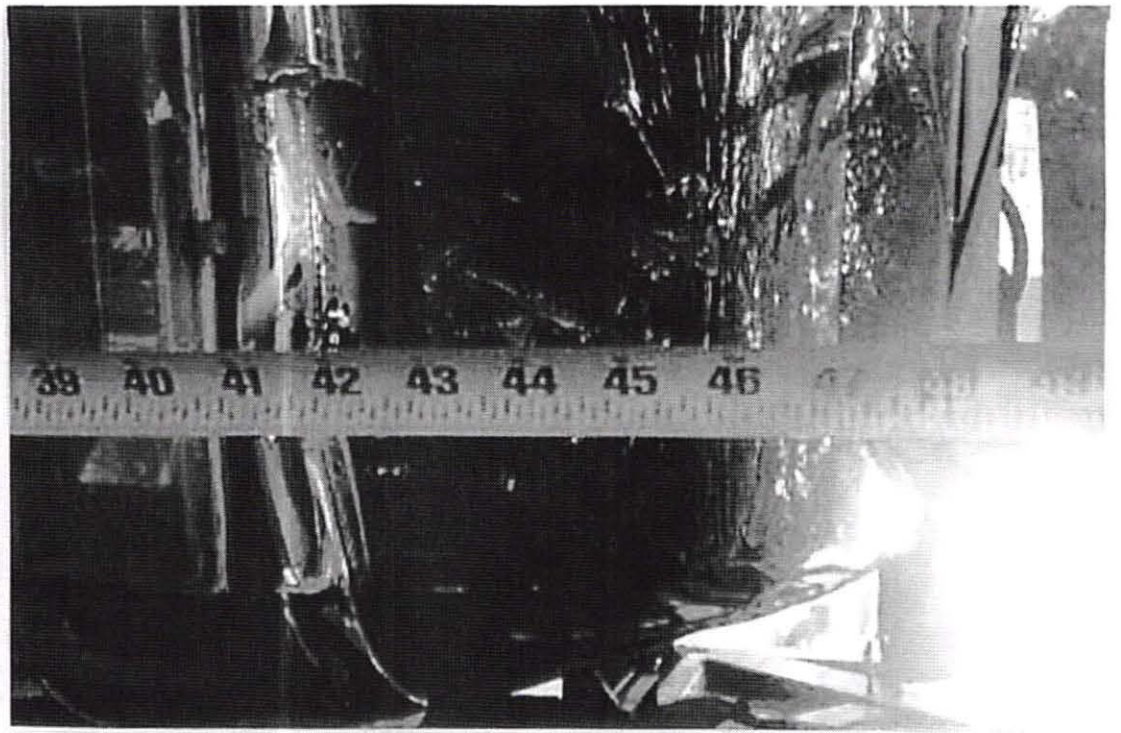
SIGNED W. Borzykowski DATE: 6/6/2017

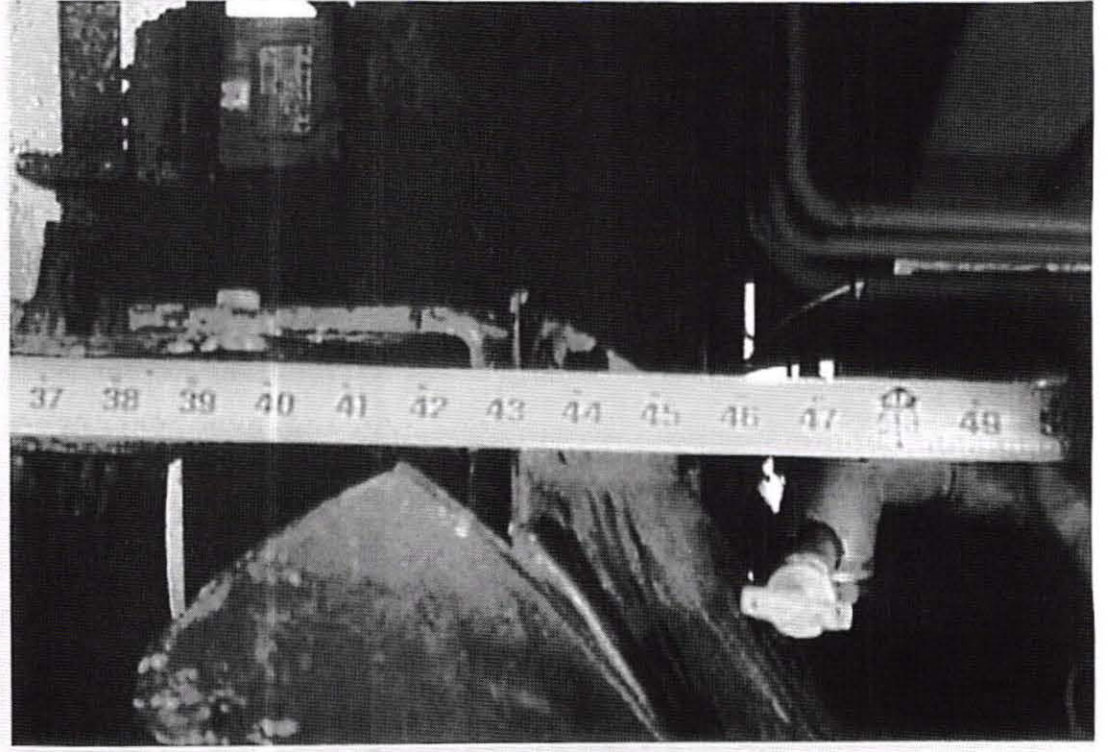
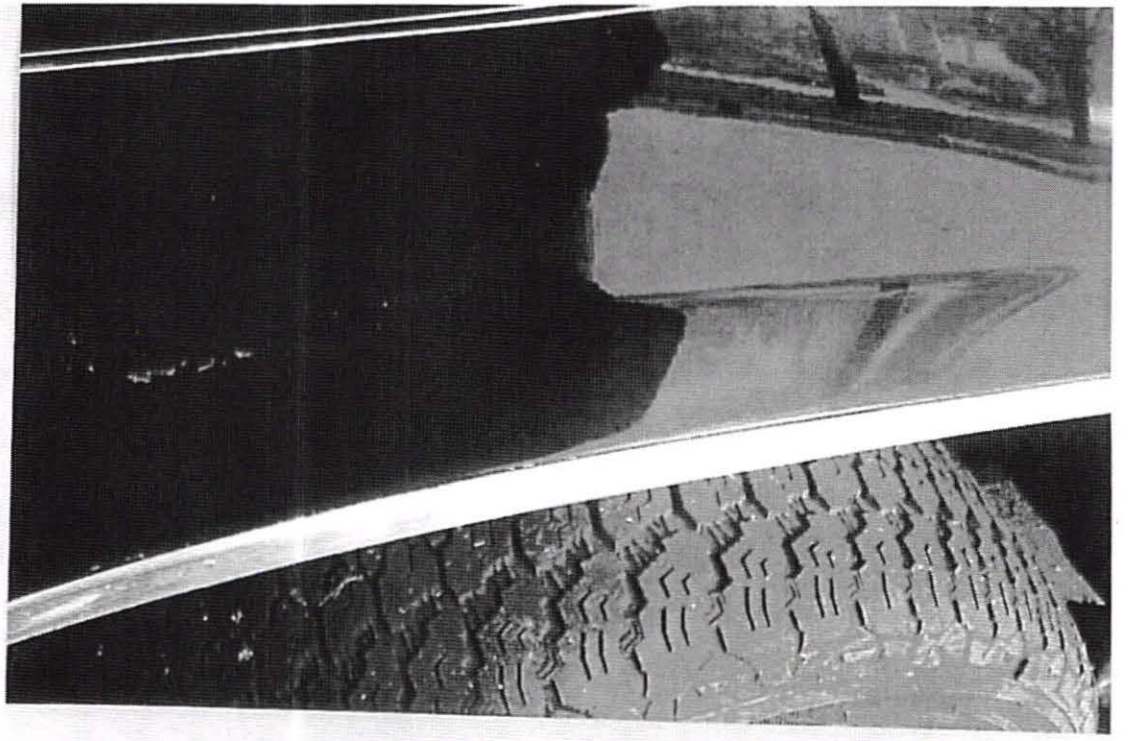
ADDRESS: 528 WHITCOMB AVE
SHEBOYGAN, WI. 53081

MAIL TO: CLERK'S OFFICE
828 CENTER AVE #100
SHEBOYGAN WI 53081









PK2011

POLICE # C17-10534

ACCIDENT #

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number G7L09FXHLB		Document Override Number	
Agency Accident Number				Police Number C17-10534					
4 - Accident Date 05/26/2017		5 - Time of Accident (Military Time) 0839		6 - Total Units 2		7 - Total Injured 0		8 - Total Killed 0	
2 - County SHEBOYGAN - 59			3 - Municipality SHEBOYGAN - 61, CITY			11 - Accident Location NON-INTERSECTION			
14 - On Hwy No.		14 - On Street Name WHITCOMB AVE		14 - Bus/Fmt/Rmp		15 - Est. Dist 266		F/M/I F	15 - Hwy. Dir EAST
16 - Fr/At Hwy No.		16 - From/At Street Name LAKESHORE DR			16 - Business/Frontage/Ramp				
17 - Structure Type H		17 - Structure Number 528		12 - Latitude 43.723972641535			13 - Longitude -87.70931216441		
80 - First Harmful Event MOTOR VEHICLE IN TRANSPORT				93 - Manner of Collision SIDESWIPE, SAME DIRECTION					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type CONCRETE - 1			
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY-TRAFFIC)									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DAYLIGHT			116 - Road Surface Condition DRY			118 - Weather FOG-SMOG-SMOKE			
<input type="checkbox"/> Hit and Run		<input type="checkbox"/> Government Property		<input type="checkbox"/> Fire		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Trailer or Towed	
<input type="checkbox"/> Truck, Bus, or Hazardous Materials			<input type="checkbox"/> Load Spillage		<input type="checkbox"/> Construction Zone		<input type="checkbox"/> Names Exchanged		
101 <input type="checkbox"/> Supplemental Reports		102 <input type="checkbox"/> Witness Statements		103 <input type="checkbox"/> Measurements Taken		79 - E M S Number			

GENERAL INFORMATION

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With PARKED MOTOR VEHICLE		23 - Dir Of Travel EAST		24 - Speed Limit 25		
36 - Operating as Classified B		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle				
29 - Driver's License Number P4205417945405		30 - State WI	31 - Expiration Year 2022	34 - On Duty Accident				
25 - Operator/Pedestrian Last Name POLICH			25 - First Name MARK		25 - Middle Initial A	25 - Suffix		
32 - Date Of Birth 12/14/1979		33 - Sex M						
26 - Address Street & Number 2709 PERSHING AVE						26 - PO Box		
27 - City SHEBOYGAN			27 - State WI	27 - Zip Code 53083		28 - Telephone Number		
39 - Seat Position FRONT-SEAT-LEFT				40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED				
38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED		42 - Ejected NOT-EJECTED		44 <input type="checkbox"/> Medical Transport		
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action				
119 - What Driver Was Doing BACKING-MANEUVER			120 - Traffic Control NO-CONTROL			62 - No. of Citations Issued 0		
64 - 1st Statute No.		64 - 2nd Statute No.		64 - 3rd Statute No.		64 - 4th Statute No.		64 - 5th Statute No.
122 - Driver Factors UNSAFE-BACKING								
88 - Driver or Pedestrian Cond APPEARED NORMAL		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT						
90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content			91 - Drug Test TEST-NOT-GIVEN			

OPERATOR/PEDESTRIAN 01

PK2011

91 - Drugs Reported
124 - Highway Factors

Vehicle

VEHICLE 01	21 - Unit Type TRUCK		Vehicle Type STRAIGHT-TRUCK-INSERT-TRUCK			22 - Total Occupants 1	
	56 - License Plate Number 88070		57 - Plate Type MUN	58 - State WI	59 - Exp Year	55 - Vehicle Identification Number 3BPZL50X1DF176541	
	50 - Year 2013	51 - Make PTRB	52 - Model CAB CHASS	53 - Body Style CB		54 - Color WHI	100 - Skidmarks to Impact (F1)
	94 - Vehicle Damage MIDDLE PASSENGER SIDE						
	95 - Extent Of Damage MINOR		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OPERATOR		
	123 - Vehicle Factors NOT-APPLICABLE						

Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name		46 - First Name	46 - Middle Initial	46 - Suffix	Date Of Birth
	46 - Company Name SHEBOYGAN CITY OF					
	47 - Address Street & Number 828 CENTER AVE # 205			47 - PO Box		
	48 - City SHEBOYGAN		48 - State WI	48 - Zip Code 53081	49 - Telephone Number	

Insurance

INS 01	63 - Liability Insurance Company GOVERNMENT		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner		
	61 - Policy Holder Last Name		61 - Policy Holder First Name		
	61 - Policy Holder Company SHEBOYGAN CITY OF				

School Bus

BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Operator/Pedestrian

Unit Status L - LEGALLY PARKED		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel WEST	24 - Speed Limit 77
36 - Operating as Classified D		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number		30 - State	31 - Expiration Year	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name		25 - First Name		25 - Middle Initial	25 - Suffix
32 - Date Of Birth		33 - Sex			
26 - Address Street & Number				26 - PO Box	

OPERATOR/PEDESTRIAN 02	27 - City		27 - State	27 - Zip Code	28 - Telephone Number	
	39 - Seat Position			40 - Safety Equipment		
	38 - Injury Severity		41 - Airbag	42 - Ejected		44 <input type="checkbox"/> Medical Transport
	43 - Trapped/Extricated		92 - Pedestrian Location		92 - Pedestrian Action	
	119 - What Driver Was Doing LEGALLY-PARKED			120 - Traffic Control NO-CONTROL		62 - No. of Citations Issued 0
	64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.	
	122 - Driver Factors NOT-APPLICABLE					
	88 - Driver or Pedestrian Cond		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT			
	90 - Alcohol Test		90 - Alcohol Content		91 - Drug Test	
	91 - Drugs Reported					
124 - Highway Factors						

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE			Vehicle Type PASSENGER-CAR			22 - Total Occupants 0
	56 - License Plate Number 189HRE		57 - Plate Type AUT	58 - State WI	59 - Exp Year	55 - Vehicle Identification Number 1GNEK13R8VJ383846	
	50 - Year 1997	51 - Make CHEV	52 - Model SUBURBAN	53 - Body Style 4D	54 - Color BLK	100 - Skidmarks to Impact (Ft)	
	94 - Vehicle Damage FRONT DRIVER SIDE						
	95 - Extent Of Damage MODERATE		96 <input type="checkbox"/> Vehicle Towed Due To Damage			97 - Vehicle Removed By OWNER	
123 - Vehicle Factors NOT-APPLICABLE							

Vehicle Owner

VEH OWNER 02	45 <input type="checkbox"/> Vehicle Owner Same As Operator						
	46 - Vehicle Owner Last Name BORZYSKOWSKI		46 - First Name WILLIAM		46 - Middle Initial J	46 - Suffix	Date Of Birth 08/05/1955
	46 - Company Name						
	47 - Address Street & Number 528 WHITCOMB AVE				47 - PO Box		
	48 - City SHEBOYGAN		48 - State WI	48 - Zip Code 53081		49 - Telephone Number 920-889-7537	

Insurance

INS 02	63 - Liability Insurance Company ACUITY, A MUTUAL INSURANCE CO				60 <input checked="" type="checkbox"/> Policy Holder Same As Owner	
	61 - Policy Holder Last Name BORZYSKOWSKI			61 - Policy Holder First Name WILLIAM		
	61 - Policy Holder Company					

School Bus

BUS 02	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Diagram and Narrative

DIAGRAM AND NARRATIVE	105 - PHOTOS BY
	<p>UNIT #2 PARKED W/B 528 WHITCOMB AVE. UNIT #1 BACKING E/B IN ROADWAY 500 WHITCOMB AVE. UNIT #1 DRIVER STATED HE SAW VEHICLE PARKED TO THE WEST OF UNIT #1, BUT FAILED TO SEE UNIT #2.</p>

Officer Information

OFFICER INFORMATION	125 - Officer Last Name RUPNICK	125 - First Name JOHN	125 - Middle Initial	131 - Officer ID 246
	129 - Law Enforcement Agency No. 5961	130 - Law Enforcement Agency Name SHEBOYGAN POLICE DEPARTMENT		
	128 - Law Enforcement Agency Address Street & Number 1315 N 23RD ST			
	127 - City SHEBOYGAN	127 - State WI	127 - Zip Code 53081	128 - Telephone Number 920-459-3333
	132 - Date Notified 05/28/2017	133 - Time Notified (Military Time) 0839	134 - Time Arrived (Military Time) 0842	135 - Date Of Report 05/26/2017
	Agency Accident Number	Police Number C17-10534	19 - Special Study	
	18 - Agency Space			

SHEBOYGAN COLLISION CENTER
CHEVROLET - BUICK - GMC - CADILLAC INC
3400 SOUTH BUSINESS DRIVE - SHEBOYGAN, WI 53081
OFFICE: 920-459-6855 FAX: 920-459-6286 TOLL FREE: 888-459-6855
FED I.D.# 39-1695786 EMAIL: COLLISIONCENTER@SHEBOYGANAUTO.COM

*** PRELIMINARY ESTIMATE ***

05/26/2017 09:48 AM

Owner

Owner: WILLIAM BORZYSKOWSKI
Address: 528 WHITCOMB AVE.
City State Zip: Sheboygan, WI 53081

Cell: (920)889-7537
FAX:

Inspection

Inspection Date: 05/26/2017 09:46 AM
Inspection Location: Sheboygan Chev/Buick/GMC/Cad
Address: 3400 SOUTH BUSINESS DRIVE

City State Zip: SHEBOYGAN, WI 53081
Email: collisioncenter@sheboyganauto.com
Primary Impact: Left Front Corner

Appraiser Name: Jeff Wiegand

Inspection Type:

Contact:
Work/Day: (920)459-6855x
Work/Day: (888)459-6855x
FAX: (920)459-6286x

Secondary Impact:

Appraiser License #:

Repairer

Repairer: Sheboygan Chev/Buick/GMC/Cad
Address: 3400 SOUTH BUSINESS DRIVE

City State Zip: SHEBOYGAN, WI 53081
Email: collisioncenter@sheboyganauto.com

Contact:
Work/Day: (920)459-6855
Work/Day: (888)459-6855
FAX: (920)459-6286

Target Complete Date/Time:

Days To Repair: 6

Vehicle

OEM Part Price Quote ID: ****

1997 Chevrolet Tahoe LT 4 DR Wagon
8cyl Gasoline 5.7
4 Speed Automatic

Lic.Plate: 189HRE
Lic Expire:
Prod Date:
Vch Insp# :
Condition:
Ext. Color: BLACK
Ext. Refinish: Two-Stage
Ext. Paint Code: 20,41

Lic State: WI
VIN: 1GNEK13R8VJ383646
Mileage: 110,663
Mileage Type: Actual
Code: U8074A
Int. Color:
Int. Refinish: Two-Stage
Int. Trim Code:

Options

4-Wheel Drive
Aluminum/Alloy Wheels
Chrome Bumper(s)

AM/FM Stereo Tape
Anti-Lock Brakes
Composite/European HdImps

Air Conditioning
Automatic Dimming Mirror
Cruise Control

Digital Clock	Dual Airbags	Intermittent Wipers
Keyless Entry System	Leather Seats	Leather Steering Wheel
Power Brakes	Power Door Locks	Power Drivers Seat
Power Mirrors	Power Steering	Power Windows
Privacy Glass	Rear Window Defroster	Rear Window Wiper/Washer
Rem Trunk-L/Gate Release	Roof/Luggage Rack	Tachometer
Tilt Steering Wheel		

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
Stripes And Mouldings										
1	RI	107		Mldg,Fender Lower L/R	R & I Assembly				0.2	SM
2	Ri	i09		Mldg,Wineei Opening LT	R & i Assembly				0.4	SM
Front Bumper										
3	EP	36		Strip,Front Impact	Replace PXN	\$48.50			0.2	SM
4	EP	13		Brace,Front Bumper LT	Replace PXN	\$27.00			1.5	SM
5	EP	61		Brkt,Front Bumper Mtg LT	Replace PXN	\$25.50			0.2	SM
Front End Panel And Lamps										
6	OE	28	49	Grille Assembly	Replace PXN OE Srpls	\$296.68			0.8	SM
7	EP	41		Headlamp Assy,Halogen LT	Replace PXN	\$157.67			0.3	SM
				>> HB3 8V14H SAE HR90 KS-GM224 HB4						
8	N	973		Headlamps Aim	Additional Labor				0.4	SM
Front Body And Windshield										
9	EP	83		Panel,Hood	Replace PXN	\$372.00			2.0	SM
10	L	83	13	Panel,Hood	Refinish				6.3	RF
					3.3 Surface					
					1.4 Edge					
					0.6 Two-stage setup					
					1.0 Two-stage					
11	EP	103		Fender,Front LT	Replace PXN	\$198.97			2.1	SM
12	L	103		Fender,Front LT	Refinish				3.0	RF
					2.0 Surface					
					0.5 Edge					
					0.5 Two-stage					
Manual Entries										
13	SB	M06		Pinstripes-Painted	Sublet Repair	\$125.00*		+25.00		RF
				>> BECKLINES HAND PAINTED						
14	SB			Hazardous Waste	Sublet Repair	\$5.00*				RF*
14	Items									

MC Message

13	INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE
49	UNPRINTED ALTERNATE PARTS COMPARE

Estimate Total & Entries

OE Surplus Parts		\$296.68	
Other Parts		\$829.64	
Paint & Materials	9.3 Hours @ \$38.00	\$353.40	
Parts & Material Total			\$1,479.72
Tax on Parts & Material	@ 5.500%		\$81.38

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$58.00	7.7	0.4	8.1	\$469.80
Mech/Elec (ME)	\$105.00				
Frame (FR)	\$67.00				
Refinish (RF)	\$58.00	9.3		9.3	\$539.40
Labor Total				17.4 Hours	\$1,009.20
Tax on Labor		@ 5.500%			\$55.51
Sublet Repairs					\$161.25
Tax on Sublet		@ 5.500%			\$8.87
Gross Total					\$2,795.93
Net Total					\$2,795.93

Alternate Parts Y/07/00/01/01/00 CUM 07/00/01/01/00 Zip Code: 53001 Default
 OEM Part Prices DT 05/26/2017 09:48 AM EstimateID 297380839103184896 QuoteID ****
 Recycled Parts NOT REQUESTED
 Rate Name Default

Audatex Estimating 8.0.035 ES 05/26/2017 09:53 AM REL 8.0.035 DT 05/01/2017 DB 05/15/2017
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2.1 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE MANUFACTURER OF YOUR MOTOR VEHICLE.

Op Codes

- * = User-Entered Value
- NG= Replace NAGS
- UE = Replace OE Surplus
- EU = Replace Recycled
- UM= Replace Reman/Rebuilt
- UC = Replace Reconditioned
- N = Additional Labor
- IT = Partial Repair
- P = Check
- ^ = Labor Matches System Assigned Rates
- EC = Replace Economy
- ET = Partial Replace Labor
- TE = Partial Replace Price
- L = Refinish
- TT = Two-Tone
- BR = Blend Refinish
- CG= Chipguard
- AA = Appearance Allowance
- E = Replace OEM
- OE = Replace PXN OE Srpls
- EP = Replace PXN
- PM= Replace PXN Reman/Reblt
- PC = Replace PXN Reconditioned
- SB = Sublet Repair
- I = Repair
- RI = R & I Assembly
- RP = Related Prior Damage

DEAN'S AUTO BODY INC
1407 N. 29TH STREET
SHEBOYGAN, WI 53081
OFFICE: 920-457-5494 FAX: 920-457-6495
"DEAN'S HAS THE MEANS FOR ALL YOUR AUTO NEEDS"

*** PRELIMINARY ESTIMATE ***

05/26/2017 12:12 PM

Owner

Owner: William Borzyskowski
Address: 528 Whitcomb Ave
City State Zip: Sheboygan, WI 53081
Email: wborzyskowski@gmail.com

Home/Day: (920)889-7537
Cell: (920)889-7537
FAX:

Inspection

Inspection Date: 05/26/2017 05:54 AM
Inspection Location: Dean's Auto Body
Address: 1407 North 29th St.
City State Zip: Sheboygan, WI 53081
Primary Impact: Left Front Corner
Driveable: Yes

Inspection Type: Drive In
Contact: Phil Black
Work/Day: (920)457-5494x
FAX: (920)457-6495x
Secondary Impact:
Rental Assisted:

Appraiser Name: PHIL BLACK

Appraiser License # :

Repairer

Repairer: Dean's Auto Body
Address: 1407 North 29th St.
City State Zip: Sheboygan, WI 53081

Contact: Phil Black
Work/Day: (920)457-5494
FAX: (920)457-6495

Target Complete Date/Time:

Days To Repair: 5*

Remarks

*** Original Estimate ***

Vehicle

OEM Part Price Quote ID: ****

1997 Chevrolet Tahoe LT 4 DR Wagon
8cyl Gasoline 5.7
4 Speed Automatic

Lic.Plate: 189-HRE
Lic Expire:
Prod Date: 03/1997
Veh Insp# :
Condition:
Ext. Color: BLACK
Ext. Refinish: Two-Stage
Ext. Paint Code: 20,41

Lic State: WI
VIN: 1GNEK13R8VJ383646
Mileage: 110,676
Mileage Type: Actual
Code: U8074A
Int. Color:
Int. Refinish: Two-Stage
Int. Trim Code:

Options

4-Wheel Drive	AM/FM Stereo Tape	Air Conditioning
Aluminum/Alloy Wheels	Anti-Lock Brakes	Automatic Dimming Mirror
Chrome Bumper(s)	Composite/European HdImps	Cruise Control
Digital Clock	Dual Airbags	Intermittent Wipers
Keyless Entry System	Leather Seats	Leather Steering Wheel
Power Brakes	Power Door Locks	Power Drivers Seat
Power Mirrors	Power Steering	Power Windows
Privacy Glass	Rear Window Defroster	Rear Window Wiper/Washer
Rem Trunk-L/Gate Release	Roof/Luggage Rack	Tachometer
Till Steering Wheel		

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ% B%	Hours	R
Stripes And Mouldings									
1	RI	109		Mldg,Wheel Opening LT	R & I Assembly			0.4	SM
Front Bumper									
2	EU	101		Bumper Assembly,Front >> >>Rhine Auto (95%)	Replace Recycled	\$100.00*	+25.00	0.5	SM
Front End Panel And Lamps									
3	EU	28		Grille Assembly >> >>Rhine Auto	Replace Recycled	\$75.00*	+25.00	0.8	SM
4	EU	41		Headlamp Assy,Halogen LT >> Rhine Auto	Replace Recycled	\$75.00*	+25.00	0.3	SM
5	N	973		Headlamps Aim	Additional Labor			0.4	SM
Front Body And Windshield									
6	EU	83		Panel,Hood >> >>Needs Clean Up	Replace Recycled	\$100.00*	+25.00	0.9	SM
7	L	83	13	Panel,Hood	Refinish 3.3 Surface 1.4 Edge 0.6 Two-stage setup 1.0 Two-stage			6.3	RF
8	EC	103		Fender,Front LT >> >>Keystone (Capa)	Replace Economy	\$201.00*		2.1	SM
9	L	103		Fender,Front LT	Refinish 2.0 Surface 0.5 Edge 0.5 Two-stage			3.0	RF
Front Doors									
10	RI	231		Pnl,Inner Door Trim LT	R & I Assembly			0.6	SM
11	I	310		Mirror,Outer R/C LT >> >>Repair Housing & Disassemble To Refinish	Repair			1.0*	SM
12	L	310		Mirror,Outer R/C LT	Refinish 0.5 Surface			0.5	RF
13	RI	310		Mirror,Outer R/C LT	R & I Assembly			0.3	SM
Manual Entries									
14	L	M14		Corrosion Protection	Refinish			0.2*	RF
15	EC			Cover car exterior	Replace Economy	\$5.00*		0.2*	SM
16	EC			Pinstripes-Tape	Replace Economy	\$39.95*		0.3*	SM
17	N			De-Nib and polish	Additional Labor				SM*
18	N			Hazad, waste	Additional Labor	\$5.00*			SM
19	I			Used Hood	Repair			2.5*	SM*

>> >>Clean up used hood

19 Items

MC	Message
13	INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

Estimate Total & Entries

Other Parts		\$600.95	
Paint & Materials	10.0 Hours @ \$38.00	\$380.00	
Line Item Markup		\$87.50	
Parts & Material Total			\$1,068.45
Tax on Parts & Material	@ 5.500%		\$58.76

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs		
Sheet Metal (SM)	\$58.00	6.4	3.9	10.3	\$597.40	
Mech/Elec (ME)	\$75.00					
Frame (FR)	\$70.00					
Refinish (RF)	\$58.00	10.0		10.0	\$580.00	
Labor Total				20.3 Hours		\$1,177.40
Tax on Labor		@ 5.500%			\$64.76	
Gross Total						\$2,369.37
Net Total						\$2,369.37

Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 53081 Default
 OEM Part Prices DT 05/31/2017 05:55 AM EstimateID 299132776379072512 QuoteID ****
 Rate Name Default

Audatex Estimating 8.0.134 ES 05/31/2017 06:23 AM REL 8.0.134 DT 05/01/2017 DB 05/15/2017
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2.1 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

MOTOR VEHICLE REPAIR PRACTICES ARE REGULATED BY CHAPTER ATCP 132, WIS.ADM.
 CODE, ADMINISTERED BY THE BUREAU OF CONSUMER PROTECTION, WISCONSIN
 DEPT. OF AGRICULTURE, TRADE AND CONSUMER PROTECTION, P.O. BOX 8911,
 MADISON, WISCONSIN 53708-8911.

THIS ESTIMATE IS BASED ON OUR INSPECTION AND DOES NOT COVER ADDITIONAL PARTS
 OR LABOR THAT MAY BE REQUIRED AFTER THE WORK HAS BEEN STARTED. OCCASIONALLY,
 WORN OR DAMAGED PARTS ARE DISCOVERED THAT WERE NOT EVIDENT ON THE FIRST
 INSPECTION. THEREFORE, THE ABOVE PRICED ARE NOT GUARANTEED. PARTS PRICES
 SUBJECTED TO CHANGE DUE TO MANUFACTURER'S PRICE INCREASES.

Op Codes

* = User-Entered Value	^ = Labor Matches System Assigned Rates	E = Replace OEM
NG = Replace NAGS	EC = Replace Economy	OE = Replace PXN OE Srpls
UE = Replace OE Surplus	ET = Partial Replace Labor	EP = Replace PXN
EU = Replace Recycled	TE = Partial Replace Price	PM = Replace PXN Reman/Rebtl
UM = Replace Reman/Rebuilt	L = Refinish	PC = Replace PXN Reconditioned
UC = Replace Reconditioned	TT = Two-Tone	SB = Sublet Repair
N = Additional Labor	BR = Blend Refinish	I = Repair
IT = Partial Repair	CG = Chipguard	RI = R & I Assembly
P = Check	AA = Appearance Allowance	RP = Related Prior Damage



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RENTAL DETAILS FOR JUN 12

Confirmation Number: **1717051158**



PICK-UP

Sheboygan

Date

JUN 12, 2017

Time

12:00 PM



RETURN

Sheboygan

Date

JUN 15, 2017

Time

12:00 PM

Thanks WILLIAM/DONNA, your reservation is confirmed. We look forward to seeing you June 12, 2017.

RENTAL CHECKLIST

- A valid driving license for each driver
- Acceptable method of payment in the renter's name. See your pick-up location's policies for details.
- For additional policy or deposit information, please refer to the Rental Policies section below, or within your email confirmation

RENTER DETAILS

Driver Name: **WILLIAM/DONNA BORZYSKOWSKI**

Email Address: **w****i@gmail.com**

Phone Number: *******7537** Age: **25+**

VEHICLE CLASS

Full Size **\$ 152.97**

For 3 - day(s) \$ 50.99 / day

VEHICLE MILEAGE

Unlimited Mileage **Included**

TAXES & FEES

[LEARN MORE ABOUT TAXES AND FEES](#)

STATE RENTL VEH FEE **\$ 7.75**

TITLE/REGISTRAT FEE **\$ 2.04**

SALES TAX (5.5%) **\$ 8.53**

ESTIMATED TOTAL

Estimated Total due at the counter **\$171.29**

CITY OF SHEBOYGAN

REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION

ITEM DESCRIPTION: R.O. No. 78-17-18 claim from Nick Deligiannis for alleged damages to his vehicle.

REPORT PREPARED BY: Laurie Suhrke, Auditor/Analyst

REPORT DATE: July 18, 2017

MEETING DATE: July 24, 2017

FISCAL SUMMARY:

Budget Line Item: N/A
Budget Summary: N/A
Budgeted Expenditure: N/A
Budgeted Revenue: N/A

STATUTORY REFERENCE:

Wisconsin Statutes: N/A
Municipal Code: N/A

BACKGROUND / ANALYSIS:

The claim was received on June 23, 2017. The claim is for \$379.80 in alleged damages to Mr. Deligiannis' vehicle that occurred while driving over raised concrete in the alley between 8th Street and 7th Street behind Econolodge.

STAFF COMMENTS:

City staff has reviewed the claim and the recommendation is to deny the claim.

ACTION REQUESTED:

Motion to recommend the Common Council deny R.O. No. 78-17-18 and to direct the City Attorney to send a Notice of Disallowance.

ATTACHMENTS:

- I. R. O. No. 78-17-18

II

4.8

R. O. No. 78 - 17 - 18. By CITY CLERK. July 3, 2017.

Submitting a claim from Nick Deligiannis for alleged damages to his vehicle's muffler when it bottomed out in the alley between 7th and 8th Street on a raised piece of concrete.

City Clerk

Travis Personnel

DATE RECEIVED 62317

RECEIVED BY MD

CLAIM NO. 10-17

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY JUN 23 '17 PM 3:14

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

- 1. Notice of death, injury to persons or to property must be filed not later than 120 days after the occurrence.
- 2. Attach and sign additional supportive sheets, if necessary.
- 3. This notice form must be signed and filed with the Office of the City Clerk.

4. TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE.

- 1. Name of Claimant: Nick Deligiannis
- 2. Home address of Claimant: 426 Grant Ave Sheboygan, WI 53081
- 3. Home phone number: (920) 452-4742
- 4. Business address and phone number of Claimant: N/A

5. When did damage or injury occur? (date, time of day) 5-15-17 3:00 pm

6. Where did damage or injury occur? (give full description) In Alley between 8th & 7th St East + West - Between GM's + Old Executive Inn.

7. How did damage or injury occur? (give full description) Vehicle bottomed out on a raised piece of concrete + damaged my muffler.

8. If the basis of liability is alleged to be an act or omission of a City officer or employee, complete the following:

(a) Name of such officer or employee, if known: N/A

(b) Claimant's statement of the basis of such liability: _____

9. If the basis of liability is alleged to be a dangerous condition of public property, complete the following:

(a) Public property alleged to be dangerous: Alley between GM's + Old Executive Inn.

(b) Claimant's statement of basis for such liability: City owned property - see attached photo of scrape marks on concrete

10. Give a description of the injury, property damage or loss, so far as is known at this time. (If there were no injuries, state "NO INJURIES").

No Injuries - damage to bottom of vehicle (muffler)

11. Name and address of any other person injured:

N/A

12. Damage estimate: (You are not bound by the amounts provided here.)

Auto:	\$	<u>379.80</u>
Property:	\$	<u>N/A</u>
Personal injury:	\$	<u>N/A</u>
Other: (Specify below	\$	<u>N/A</u>
TOTAL	\$	<u>379.80</u>

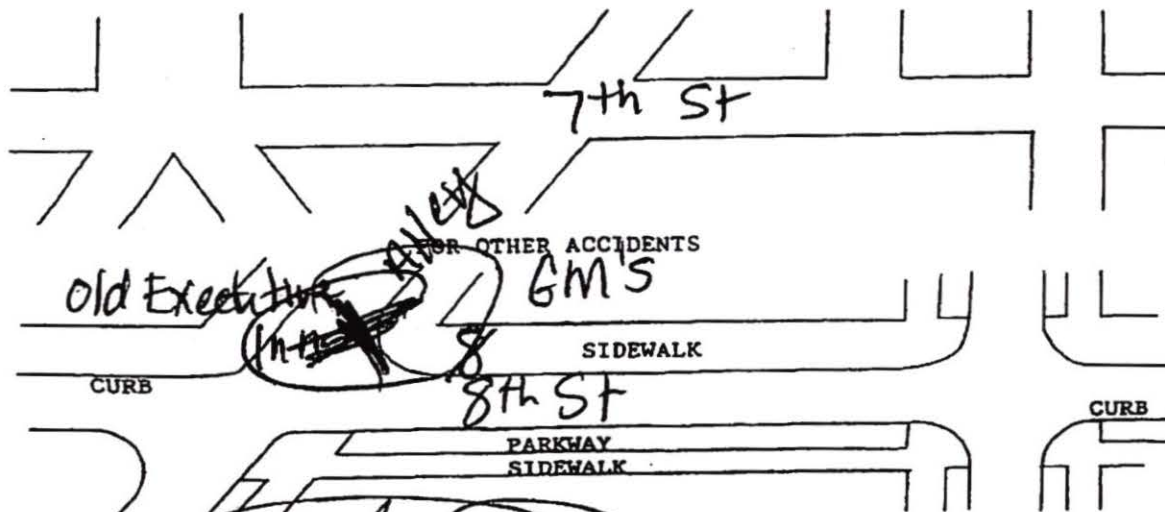
Damaged vehicle (if applicable)

Make: Chrysler Model: 300C Year: 2005 Mileage: 100,000

Names and addresses of witnesses, doctors and hospitals: N/A

FOR ALL ACCIDENT NOTICES, COMPLETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE NAMES OF ALL STREETS, HOUSE NUMBERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE (IF APPLICABLE), WHICH IS CLAIMANT VEHICLE, LOCATION OF INDIVIDUALS, ETC.

NOTE: If diagrams below do not fit the situation, attach proper diagram and sign.



SIGNATURE OF CLAIMANT

[Handwritten signature]

DATE

6/15/17

DATE RECEIVED 6-23-17

RECEIVED BY MD

CLAIM NO. 10-17

CLAIM

Claimant's Name:	<u>Nick Deligiannis</u>	Auto	\$ _____
Claimant's Address:	<u>426 Grant Ave</u>	Property	\$ _____
	_____	Personal Injury	\$ _____
Claimant's Phone No.	_____	Other (Specify below)	\$ _____
		TOTAL	\$ _____

PLEASE INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.
(WISCONSIN STATUTES 943.395)

The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury. The claim is for relief in the form of money damages in the total amount of \$ _____.

SIGNED 

DATE: 6/15/17

ADDRESS: 426 Grant Ave. Sheboygan, WI 53081

MAIL TO: CLERK'S OFFICE
828 CENTER AVE #100
SHEBOYGAN WI 53081

WETTRICK TIRE & RIMMER
710 S 24TH ST
SHEBOYGAN, WI 53081
920-427-3672
54384557561505

Merchant ID: 02001

Term #: 0001

Store #: 0001

Ref #: 0002

Sale

XXXXXXXXXX4815

VISA

Entry Method: Chip

Total: \$ 379.80

05/22/17

14:08:16

Inv #: 044773

Appr Code: 066513

Transaction ID: 387142688968419

Apprvd: OnLine

Batch#: 000016

VISA (EBIT

Alt: 0000000000000000

IS1: 0000

IVR: 0000000000

Customer Exp.

Term: 0001

Rock Tire & Muffler
 South 14th Street
 Boygan, WI 53081

Invoice

Date	Invoice #
5.22.2017	14773

Bill To

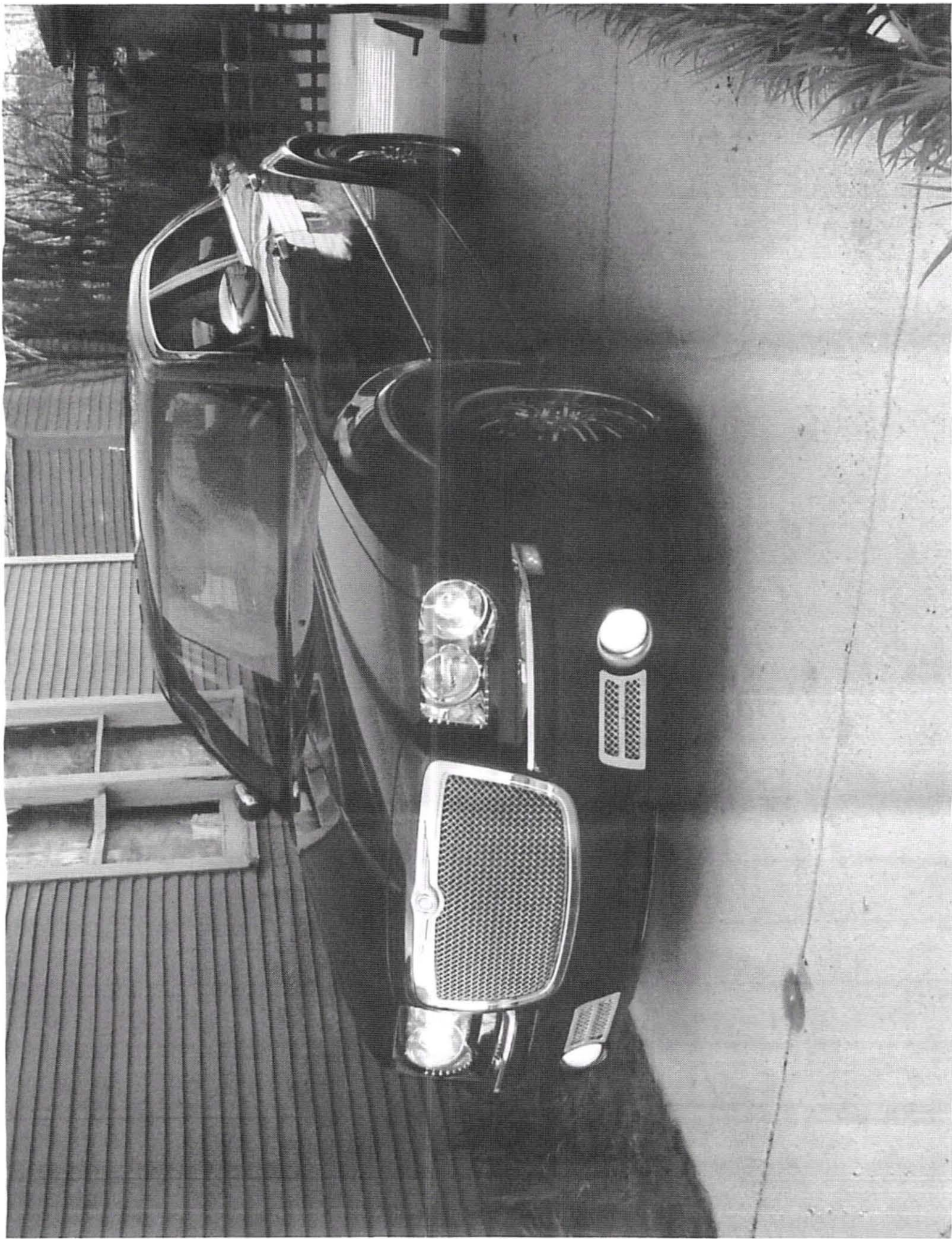
GIANNIS, NICK
 276 GRANT AVE
 BOYGAN, WI 53081
 414-452-1712



P.O. No.	SALESPERSON	MAKE	MODEL	YEAR	Mileage
	JON	CHRYSLER	300C	2005	

Quantity	Item	Description	Rate	Amount
2	Non Inventory Part...	8822 FLEX COUPLING	180.00	360.00T
	Payment Charge	Charge Payment	-379.80	-379.80
		COUNTY & STATE Sales Tax	5.50%	19.80
Total				\$0.00





CITY OF SHEBOYGAN

REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION

ITEM DESCRIPTION: R.O. No. 79-17-18 is a claim from Mark Lehmann for alleged damages to his property.

REPORT PREPARED BY: Laurie Suhrke, Auditor/Analyst

REPORT DATE:

MEETING DATE:

FISCAL SUMMARY:

Budget Line Item: N/A
Budget Summary: N/A
Budgeted Expenditure: N/A
Budgeted Revenue: N/A

STATUTORY REFERENCE:

Wisconsin Statutes: N/A
Municipal Code: N/A

BACKGROUND / ANALYSIS:

The claim was received on June 29, 2017. The claim is for \$406.14 in alleged damages to Mr. Lehmann's ladder that was struck by a city garbage truck.

STAFF COMMENTS:

City staff has reviewed the claim and under the authorization by the Common Council, Resolution No. 93-14-15, the City of Sheboygan has settled the claim in the amount of \$200.00.

ACTION REQUESTED:

Motion to recommend the Common Council file R.O. No. 79-17-18 as the claim has already been settled pursuant the authority granted by Common Council in Res. No. 93-14-15.

ATTACHMENTS:

- I. R. O. No. 79-17-18

II

4.9

R. O. No. 79 - 17 - 18. By CITY CLERK. July 3, 2017.

Submitting a claim from Mark Lehmann for alleged damages to his property when a City garbage truck backed into the yard at 1209 S 17th Street.

*Finance +
Personnel*

City Clerk

DATE RECEIVED 6-29-17

RECEIVED BY MD

CLAIM NO. 11-17

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

JUN 29 '17 AM 11:36

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

1. Notice of death, injury to persons or to property must be filed not later than 120 days after the occurrence.
2. Attach and sign additional supportive sheets, if necessary.
3. This notice form must be signed and filed with the Office of the City Clerk.

4. TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE.

1. Name of Claimant: Mark Lehmann
2. Home address of Claimant: 1209 SO. 17TH ST
3. Home phone number: 920 457-9118
4. Business address and phone number of Claimant: SAME

5. When did damage or injury occur? (date, time of day) 06/01/17

6. Where did damage or injury occur? (give full description) IN FRONT OF HOUSE 1209 SO. 17TH ST

7. How did damage or injury occur? (give full description) City ~~GARBAGE~~ TRUCK BACK INTO LADDERS

8. If the basis of liability is alleged to be an act or omission of a City officer or employee, complete the following:

(a) Name of such officer or employee, if known: BRUCE

(b) Claimant's statement of the basis of such liability: _____

9. If the basis of liability is alleged to be a dangerous condition of public property, complete the following:

(a) Public property alleged to be dangerous: _____

(b) Claimant's statement of basis for such liability: _____

10. Give a description of the injury, property damage or loss, so far as is known at this time. (If there were no injuries, state "NO INJURIES").

11. Name and address of any other person injured: _____

12. Damage estimate: (You are not bound by the amounts provided here.)

Auto: \$ _____

Property: \$ 4 0614

Personal injury: \$ _____

Other: (Specify below) \$ _____

TOTAL \$ _____

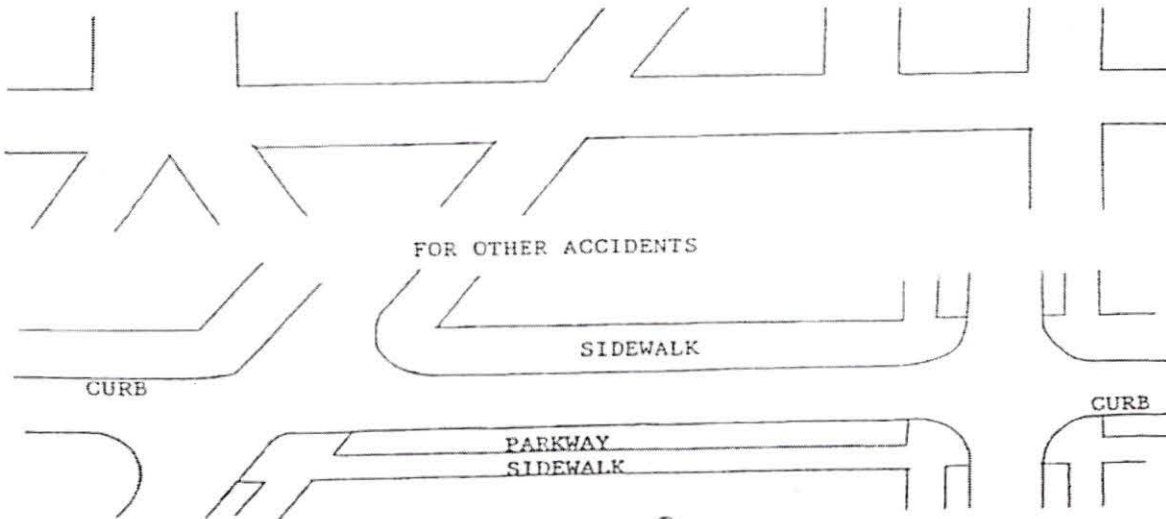
Damaged vehicle (if applicable)

Make: _____ Model: _____ Year: _____ Mileage: _____

Names and addresses of witnesses, doctors and hospitals: _____

FOR ALL ACCIDENT NOTICES, COMPLETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE NAMES OF ALL STREETS, HOUSE NUMBERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE (IF APPLICABLE), WHICH IS CLAIMANT VEHICLE, LOCATION OF INDIVIDUALS, ETC.

NOTE: If diagrams below do not fit the situation, attach proper diagram and sign.



SIGNATURE OF CLAIMANT

Mark Lehmann

DATE

06/29/17

DATE RECEIVED 6-29-17

RECEIVED BY MD

CLAIM NO. 11-17

CLAIM

Claimant's Name:	<u>Mark Lehmann</u>	Auto	\$ <u> </u>
Claimant's Address:	<u>1209 So. 17th St</u>	Property	\$ <u>406¹⁴</u>
	<u>Sheb WI</u>	Personal Injury	\$ <u> </u>
Claimant's Phone No.:	<u>920 457 9119</u>	Other (Specify below)	\$ <u> </u>
		TOTAL	\$ <u>406¹⁴</u>

PLEASE INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.
(WISCONSIN STATUTES 943.395)

The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury. The claim is for relief in the form of money damages in the total amount of \$ 406¹⁴.

SIGNED Mark Lehmann DATE: 06/28/17

ADDRESS: 1209 So 17th St

MAIL TO: CLERK'S OFFICE
828 CENTER AVE #100
SHEBOYGAN WI 53081



BIRD LADDER AND EQUIPMENT CO., INC.

MILWAUKEE & CHICAGO

Remit To: 800-776-3595
1800 East Bolivar Ave (414)-645-0555
St Francis WI 53235 Fax (414)-645-7666

QUOTE

Number:	213394-0
Quote Date	06/23/2017
Page	1

Bill to: CASH
0

Ship to: CASH
0

Cust Code	Ordered By	Salesman	Job/Rel#	Customer PO	Wanted Date
ACASH		In House			06/23/2017
Entered By	Ship Via	Terms		Ship Via Account	
Brandon		COD PRICED PICK SLIP			

Quantity			U/M	Item #	Description	Price	Extension
Order	Ship	Back					
3	3	0	EA	ACRO-11601	6FT ROOF LADDER EXTENSION RAISED SOLID STEEL RUNGS TUBE CHICKEN LADDER MADE IN USA	107.6880	323.06
1	1	0	EA	ACRO-11610	CHICKEN LADDER HOOK	61.5360	61.54

SubTotal 384.60

Tax 21.54

Total 406.14

We appreciate your business and look forward to working with you again.
Please Visit Our Website @ www.birdladder.com

CITY OF SHEBOYGAN

REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION

ITEM DESCRIPTION: R.O. No. 80-17-18 claim from Paul Timmerman for alleged damages to his vehicle.

REPORT PREPARED BY: Laurie Suhrke, Auditor/Analyst

REPORT DATE: July 18, 2017

MEETING DATE: July 24, 2017

FISCAL SUMMARY:

Budget Line Item: N/A
Budget Summary: N/A
Budgeted Expenditure: N/A
Budgeted Revenue: N/A

STATUTORY REFERENCE:

Wisconsin Statutes: N/A
Municipal Code: N/A

BACKGROUND / ANALYSIS:

The claim was received on June 23, 2017. The claim is for \$98.64 in alleged damages to Mr. Timmerman's vehicle while driving over a pothole on Camelot Boulevard.

STAFF COMMENTS:

City staff has reviewed the claim and the recommendation is to deny the claim.

ACTION REQUESTED:

Motion to recommend the Common Council deny R.O. No. 80-17-18 and to direct the City Attorney to send a Notice of Disallowance.

ATTACHMENTS:

- I. R.O. No. 80-17-18

II

4.10

R. O. No. 80 - 17 - 18. By CITY CLERK. July 3, 2017.

Submitting a claim from Paul Timmerman for alleged damages to his vehicle's tire sidewall when a pothole opened up as he drove over a rough section on road on Camelot Blvd.

City Clerk

*Finance +
Personnel*

DATE RECEIVED 6-23-17

RECEIVED BY MD

CLAIM NO. 09-17

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

JUN 23 '17 PM 3:14

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

- 1. Notice of death, injury to persons or to property must be filed not later than 120 days after the occurrence.
- 2. Attach and sign additional supportive sheets, if necessary.
- 3. This notice form must be signed and filed with the Office of the City Clerk.

4. TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE.

- 1. Name of Claimant: PAUL TIMMERMAN
- 2. Home address of Claimant: 1372 Kings Ct
- 3. Home phone number: 920-207-6266
- 4. Business address and phone number of Claimant: _____

5. When did damage or injury occur? (date, time of day) 6-20-2017 2:45 pm

6. Where did damage or injury occur? (give full description) _____

Pothole opened up as I drove over rough section of road causing concrete chunk to puncture

7. How did damage or injury occur? (give full description) _____

fire sidewall
Rough road is in need of repaving (Camelot Blvd)

8. If the basis of liability is alleged to be an act or omission of a City officer or employee, complete the following:

(a) Name of such officer or employee, if known: _____

(b) Claimant's statement of the basis of such liability: _____

9. If the basis of liability is alleged to be a dangerous condition of public property, complete the following:

(a) Public property alleged to be dangerous: The majority of camelot BLVD is in need of resurfacing.

(b) Claimant's statement of basis for such liability: _____

10. Give a description of the injury, property damage or loss, so far as is known at this time. (If there were no injuries, state "NO INJURIES").

No injury

11. Name and address of any other person injured: none

12. Damage estimate: (You are not bound by the amounts provided here.)

Auto: \$ 98.64

Property: \$ _____

Personal injury: \$ _____

Other: (Specify below) \$ _____

TOTAL \$ _____

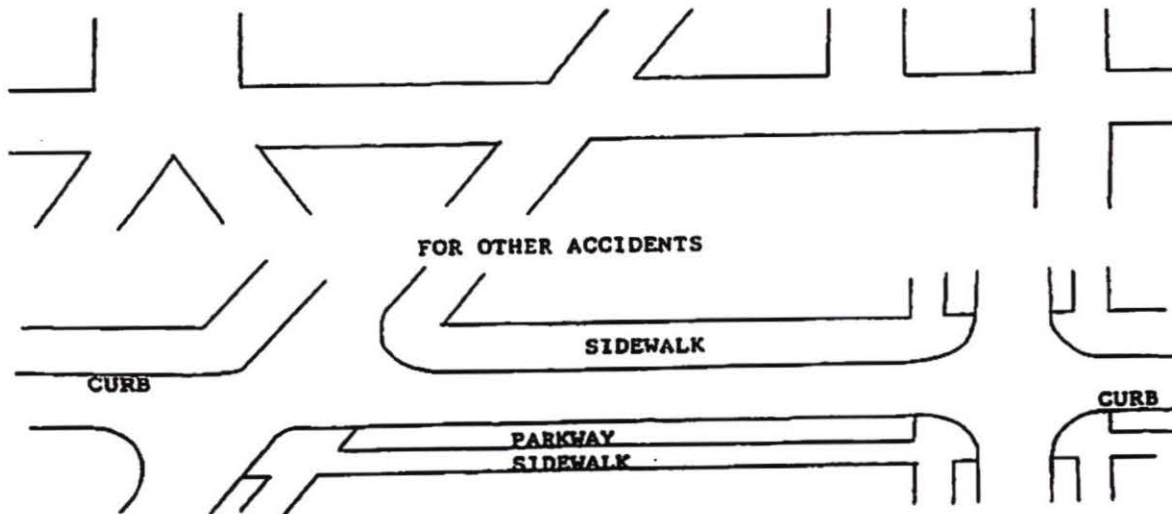
Damaged vehicle (if applicable)

Make: Scion Model: XB2 Year: 2009 Mileage: 117,000

Names and addresses of witnesses, doctors and hospitals: None

FOR ALL ACCIDENT NOTICES, COMPLETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE NAMES OF ALL STREETS, HOUSE NUMBERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE (IF APPLICABLE), WHICH IS CLAIMANT VEHICLE, LOCATION OF INDIVIDUALS, ETC.

NOTE: If diagrams below do not fit the situation, attach proper diagram and sign.



SIGNATURE OF CLAIMANT Paul Turner DATE 6-20-17

DATE RECEIVED 6-23-17

RECEIVED BY MD

CLAIM NO. 09-17

CLAIM

Claimant's Name: Paul Timmerman

Auto \$ 98.64

Claimant's Address: 1372 Kings Ct

Property \$ _____

Sheboygan WI 53081

Personal Injury \$ _____

Claimant's Phone No. 920-207-6266

Other (Specify below) \$ _____

TOTAL \$ 98.64

PLEASE INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.
(WISCONSIN STATUTES 943.395)

The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury. The claim is for relief in the form of money damages in the total amount of \$ 98.64.

SIGNED Paul Timmerman

DATE: 6-20-17

ADDRESS: 1372 Kings Ct
Sheboygan WI 53081

MAIL TO: CLERK'S OFFICE
828 CENTER AVE #100
SHEBOYGAN WI 53081



485700 59608

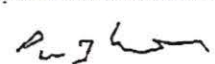
Sales Associate will provide a CIMS DOT registration card
Customer mails in CIMS card to register tires.

Service Order:

06-20-2017	TIMMERMAN, PAUL		
(920)207-6266	I. SHEBOYGAN, WI 53081		
YEAR	MAKE	MODEL	COLOR
LICENSE	ODOMETER	CUSTOMER ARRIVAL TIME	SERVICE COMPLETED TIME
	0	2017-06-20 03:17 PM	2017-06-20 03:31 PM

Service Description	Service
NEW TIRE - Whitewall - N/A	0.00
- Valve Stem - Dry Rear - DECLINED	- New Tire - Dry Rear - COMPLETE
Not Applicable	
- DOT Number - Dry Rear - M60F UR1R 0617	
N/C MOUNT ONLY	0.00
- Mount Tire - Dry Rear - COMPLETE	- Tire Service Accepted - Dry Rear
HIRE HAULER FEE	1.50
- Dispose Tire Accepted - Dry Rear - COMPLETE	
WHEEL BALANCE LIFE	9.00
- Balance Accepted - Dry Rear - COMPLETE	
W/ G TORQUE	
Dry Rear LEFT	

Merchandise Description	Quantity	Unit Price	Merchandise
205/55R16 91H VIVA 3	1	83.00	83.00

Customer Comments	Total (Excluding Tax & Govt. Fees)	93.50
Technician Comments Tread depth at 5/32	DISCLAIMER I authorize the stated service to be completed with the necessary materials. I give permission to operate the vehicle. I UNDERSTAND: 1. Walmart is not responsible for loss/damage to the vehicle or items left in it. 2. Walmart does not inspect tires to determine if they are safe. Only the service on the service order is performed. Tires are not inspected for conditions that may affect safety (tread depth, cuts, punctures, cracking, bulges, and uneven tread wear). 3. Customers should ensure their tires are properly inflated, have tread depth greater than 2/32" in all grooves, and have no cuts, punctures, cracking, bulges, or uneven tread wear. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of services performed. Driving conditions will affect the safety and performance of my tires.	
	 CUSTOMER SIGNATURE	06-20-2017 DATE

THIS PRICE FOR THE AUTHORIZED REPAIRS WILL NOT BE EXCEEDED IF THE MOTOR VEHICLE IS DELIVERED TO THE SHOP WITHIN 5 DAYS.
 Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911.

I do agree and fully understand that my motor vehicle had a low oil level when I brought it to Wal-Mart for an oil change. This was pointed out to me, and I willingly requested Wal-Mart to change the oil. I will not hold Wal-Mart responsible for any damage to my motor vehicle by the low oil level.

SIGNED

DATE

QUALITY CONTROL TECH. AARON 4250
 SERV. WRIT. GUILLER. LUCAS 4133
 THIRD QU. TECH. SHAWN 2906
 TIRE TECHNICIAN SHAWN 2906

CITY OF SHEBOYGAN

REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION

ITEM DESCRIPTION: Debt payment and financing of city hall renovations

REPORT PREPARED BY: Nancy Buss, Finance Director

REPORT DATE: July 19, 2017

MEETING DATE: July 24, 2017

FISCAL SUMMARY:

Budget Line Item: N/A
Budget Summary: N/A
Budgeted Expenditure: N/A
Budgeted Revenue: N/A

STATUTORY REFERENCE:

Wisconsin Statutes: N/A
Municipal Code: N/A

BACKGROUND / ANALYSIS:

The city dedicates \$2,886,889 of tax levy to annual debt service payments since 2013. Other sources of revenue contributing to the debt service payments are repayment of the unfunded pension liability, interest earnings and a contribution from the Special Assessment Fund. The Common Council voted to not special assess for infrastructure improvements in 2017. Depending on whether or not future infrastructure improvements are assessed to property owners, the contribution from the Special Assessment Fund may be unavailable to apply to debt service payments.

The repayment schedules for the capital improvement debt has been structured to maintain level debt payments and to be repaid in a relatively short time frame, typically ten years. Outstanding debt not structured within a short time frame was debt for construction of the police station and repayment of the unfunded pension liability to the State of Wisconsin.

STAFF COMMENTS:

Realistically, it will not be possible to structure additional debt for public works projects and city hall renovations within the current dedicated tax levy. The State of Wisconsin allows for adjustments to the levy limit for debt payments issued after July, 2005. An increase in the levy for repayment of debt for public works projects and city hall renovations can be structured at an acceptable level through the use of fund balance and debt.

ACTION REQUESTED:

For informational purposes only.

CITY OF SHEBOYGAN

REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION

ITEM DESCRIPTION: Compensation for Department of City Development Employee

REPORT PREPARED BY: Sandy Rohrick, Director of Human Resources and Labor Relations

REPORT DATE: July 21, 2017

MEETING DATE: July 24, 2017

FISCAL SUMMARY:

STATUTORY REFERENCE:

Budget Line Item: N/A
Budget Summary: N/A
Budgeted Expenditure: N/A
Budgeted Revenue: N/A

Wisconsin Statutes: N/A
Municipal Code: N/A

BACKGROUND / ANALYSIS:

Under the exemption provided in Sec. 19.85(1)(c) for the purpose of considering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility, this discussion will move to a closed session.

STAFF COMMENTS:

The starting rate of pay for a potential new employee in the Department of City Development will be discussed.

ACTION REQUESTED:

For informational propose only.

ATTACHMENTS:

None