ATTACHMENTS

II

4.6

R. O. No. 73 - 20 - 21. By CITY CLERK. September 21, 2020.

Submitting a claim from Jon Weiss for alleged damages to his house when City workers cut down a tree and it fell onto the property.

F4P

CITY CLERK

9-16-20 MKC

CLAIM NO. 11-20

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

SEP 16 '20 AM

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: Jon Weiss
2. Home address of Claimant: 423 Clement Ave., Sheboygan, WI
3. Home phone number: 920-213-6284
4. Business address and phone number of Claimant:
5. When did damage or injury occur? (date, time of day) 8-17-20
6. Where did damage or injury occur? (give full description) At the front of the house located @ 423 Clement Ave. Sheboygan
7. How did damage or injury occur? (give full description) City workers were cutting down a tree in front of the neighbors house. when the tree fall it fall onto the property of 423 Clement Ave and struck the house.
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: N/A

   (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").

Property damage only. No Injuries. Rain gutter, storm window screen, and 2 side walk solar lights destroyed

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

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

Auto:	$ —
Property:	$ 377.50
Personal injury:	$ —
Other: (Specify below	$ —
TOTAL	$ 377.50

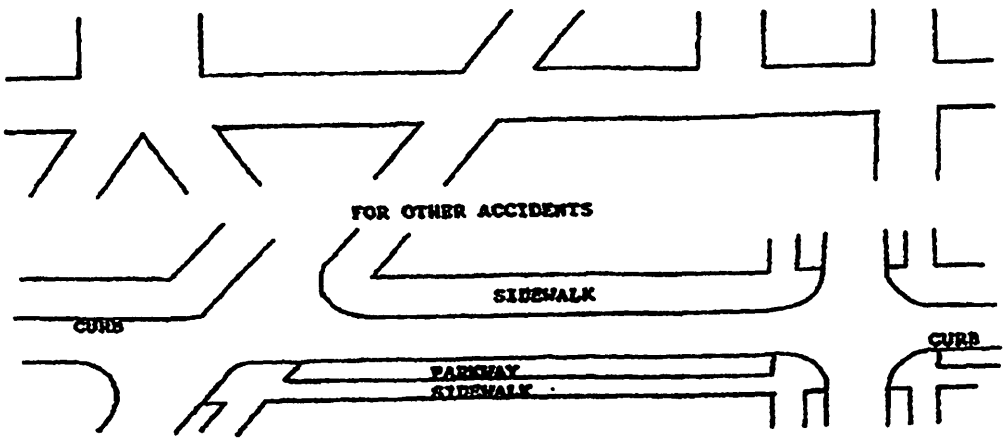
Damaged vehicle (if applicable)

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 Jonathan W Eiss DATE 09/14/2020

DATE RECEIVED 9-16-20 RECEIVED BY MKC

CLAIM NO. 11-20

CLAIM

Claimant's Name: Jon Weiss

Claimant's Address: 423 Clement Ave. Sheboygan, WI 53083

Claimant's Phone No. 920-213-6284

Auto	$
Property	$ 377.50
Personal Injury	$
Other (Specify below)	$
TOTAL	$ 377.50

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 $ 377.50.

SIGNED Jonathan W Eiss DATE: 09/14/2020

ADDRESS: 423 Clement Ave.
Sheboygan, WI 53083

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

Oostburg Seamless Gutters
Jon Weavers - Owner
P.O. Box 700106
Oostburg, WI 53070
PHONE (920) 564-6996
FAX (920) 564-4027
office@oostburgseamlessgutters.com

Job Estimate

920-912-5577
HOME | WORK | DATE 8/24/2020

JOB NAME/LOCATION

TO John Weiss
423 Clement Avenue
Sheboygan

Tree fell on gutter on the front of house

JOB DESCRIPTION

Install (5") .032 Seamless Aluminum Gutter	$275.00
Install 6" .032 Seamless Aluminum Gutter	
3" (4") 5" Aluminum Downspouts	$ 50.00
Color: Gutter white Downspouts white	
Gutter Cap	
Aluminum soffit + fascia	
[X] Includes Tearoff	
(FRONT OF HOUSE)	
ESTIMATED BY: Steve — ESTIMATED JOB COST	$ $325.00

At this time, approximate lead time is Sept/Oct ~~weeks:~~

ACCEPTANCE OF PROPOSAL

The above prices and specifications listed above are correct. Price includes all materials, tax and labor; but does not include unforeseen conditions which may be found after the work has begun. Scheduling of the job may or may not be affected by adverse weather conditions. You are authorized to do the work as specified. TERMS: PAYMENT UPON COMPLETION: 1.5% Per month (18% per annum) Finance Charge on unpaid balance over 10 days. PRICES VALID FOR 30 DAYS. AFTER 30 DAYS SUBJECT TO CHANGE WITHOUT NOTICE. **3.5% Fee will be applied to all credit card payments.**

Signature Jonathan Weiss Date: 08/28/2020

Please sign white copy and return

MARTENS-TRILLING TRUE VALUE
901 Michigan Ave.
Sheboygan, WI 53081
1-920-457-5541

Transaction#: C1019257
Associate: ps
Date: 08/22/2020 Time: 10:09:23 AM

*** SALE ***

Bill To:
Our Valued Customer

30"x84" GRY FBG Screen
148221
1.00 EACH @ $6.99 T $6.99

Subtotal: $6.99
5.5% - State Tax: $0.38
TOTAL: $7.37

MASTERCARD: $7.37
CHANGE: $0.00

BUYER AGREES TO PAY TOTAL AMOUNT ABOVE
ACCORDING TO CARDHOLDER'S AGREEMENT
WITH ISSUER

Debit **********6145 0
APPROVAL:000913
EXP: **/**
AID: A0000000042203
TC 8D54EC8FBF6DD813 40
TERMINAL: 84640230 8000088000
VALIDATION: none
PAYMENT SERVICE: 05
PIN Bypassed
NAME: DEAN W BECKER/
AMT: $7.37

(X)_____
Authorized Signature

LIKE US ON FACEBOOK @
TRILLING TRUE VALUE

Please keep your Receipt. NO RETURNS WITHOUT RECEIPT. ALL RETURNS OR EXCHANGES MUST BE WITHIN 60 DAYS OF ORIGINAL PURCHASE DATE. IF AFTER 60 DAYS NO RETURNS, EXCHANGES OR REFUNDS WILL BE GIVEN.

MARTENS-TRILLING TRUE VALUE
901 Michigan Ave.
Sheboygan, WI 53081
1-920-457-5541

Transaction#: C1019278
Associate: ps
Date: 08/22/2020 Time: 10:44:25 AM

*** SALE ***

Bill To:
Our Valued Customer

25'.155-5/32"GRY Spline
875211
1.00 EACH @ $2.99 T $2.99

Subtotal: $2.99
5.5% - State Tax: $0.16
TOTAL: $3.15

MASTERCARD: $3.15
CHANGE: $0.00

BUYER AGREES TO PAY TOTAL AMOUNT ABOVE
ACCORDING TO CARDHOLDER'S AGREEMENT
WITH ISSUER

Debit **********6145 0
APPROVAL:004417
EXP: **/**
AID: A0000000042203
TC 02988AC51B6153A7 40
TERMINAL: 84640230 8000088000
VALIDATION: none
PAYMENT SERVICE: 05
PIN Bypassed
NAME: DEAN W BECKER/
AMT: $3.15

(X)_____
Authorized Signature

LIKE US ON FACEBOOK @
TRILLING TRUE VALUE

Please keep your Receipt. NO RETURNS WITHOUT RECEIPT. ALL RETURNS OR EXCHANGES MUST BE WITHIN 60 DAYS OF ORIGINAL PURCHASE DATE. IF AFTER 60 DAYS NO RETURNS, EXCHANGES OR REFUNDS WILL BE GIVEN.

LOWE'S HOME CENTERS, LLC
4401 DEWEY STREET
MANITOWOC, WI 54220 (920) 683-5540

-- SALE --

SALES#: S2206DH2 2344830 TRANS#: 8974403 09-01-20

688481 2-CT 20X SOL CRACKLE PATH	39.98
SUBTOTAL:	39.98
TAX:	2.00
INVOICE 08151 TOTAL:	41.98
M/C:	41.98

STORE: 2206 TERMINAL: 08 09/01/20 10:33:23

OF ITEMS PURCHASED: 1

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS

THANK YOU FOR SHOPPING LOWE'S.
FOR DETAILS ON OUR RETURN POLICY, VISIT
LOWES.COM/RETURNS
A WRITTEN COPY OF THE RETURN POLICY IS AVAILABLE
AT OUR CUSTOMER SERVICE DESK

STORE MANAGER: ANY TYNN

LOWE'S PRICE MATCH GUARANTEE
FOR MORE DETAILS, VISIT LOWES.COM/PRICEMATCH

CITY OF SHEBOYGAN

REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION

ITEM DESCRIPTION: R.O. No. 73-20-21 is a claim from Jon Weiss for alleged damages to his property.

REPORT PREPARED BY: Laurie Suhrke, Auditor/Analyst

REPORT DATE: May 21, 2020 **MEETING DATE:** June 8, 2020

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:
R.O. No. 73-20-21 is a claim from Jon Weiss for alleged damages to his house when city workers were cutting down a tree and it fell onto his property.

STAFF COMMENTS:
City staff has reviewed the above claim and under the authorization by the Common Council, Res. No. 64-17-18, has determined it is in the best interest of the City of Sheboygan to pay the claim in the amount of $377.50.

ACTION REQUESTED:
Motion to recommend the Common Council accept and file document R.O. No. 73-20-21.

ATTACHMENTS:
I. R.O. No. 73-20-21

II

3.3

R. O. No. 103 - 20 - 21. By CITY CLERK. November 16, 2020.

Submitting a claim from Sweigert Investments LLC for alleged damages to house when storms swept through the area and a city owned tree branch broke and damaged house at 910/912 Ontario Avenue.

CITY CLERK

F+P

DATE RECEIVED 11-2-2020

RECEIVED BY MKC

CLAIM NO. 18-20

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

NOV 0 2 2020

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: Sivergert Investments LLC
2. Home address of Claimant: 910/912 Ontario Ave
3. Home phone number: 920 793-1444
4. Business address and phone number of Claimant: 2221 Lincoln Ave Two Rivers WI 54241
5. When did damage or injury occur? (date, time of day) Around June 5, 2020
6. Where did damage or injury occur? (give full description) West basement access door and surrounding brick work.
7. How did damage or injury occur? (give full description) Storms swept through area and city owned trees fell, broke and damaged house.
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").

No injuries, just broke door to basement and dislodged bricks.

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

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

Auto:	$ _____
Property:	$ 168.80 for door 3hrs x 2men = 270
Personal injury:	$ _____
Other: (Specify below	$ _____
TOTAL	$ 438.80

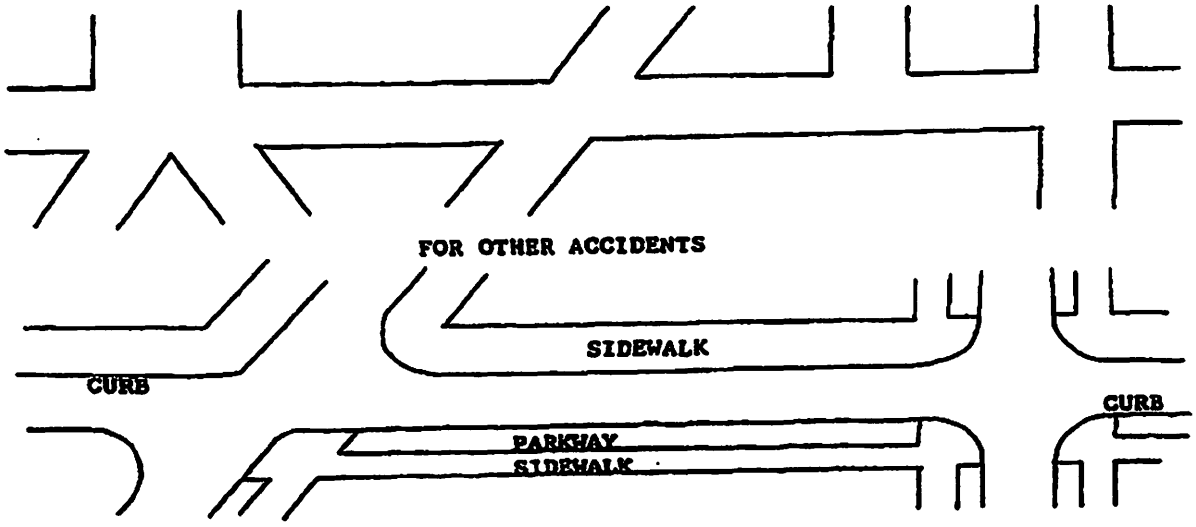
Damaged vehicle (if applicable)

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 _____ DATE _____

DATE RECEIVED _____ RECEIVED BY _____

CLAIM NO. _____

CLAIM

Claimant's Name: _____ Auto $_____

Claimant's Address: _____ 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 $ 438.80.

SIGNED Scott R. Clay MBI DATE: 10/13/2020

ADDRESS: 2221 Lincoln Avenue Two Rivers WI 54241

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

Drexel™
BUILDING SUPPLY

Drexel Building Supply- Campbellsport
227 W. Main Street
Campbellsport, WI 53010
Phone: 920-533-4412
CORE VALUE #10: ACCOUNTABILITY, LIVE UP TO YOUR COMMITMENTS.

CUSTOMER COPY

INVOICE

2009-202206 PAGE 1 OF 1

SOLD TO	SHIP TO
VINE & BRANCH MANAGEMENT LLC C/O SCOTT WEIGERT 2221 LINCOLN AVE TWO RIVERS WI 54241	SHOP 928 MADISON AVE HOWARDS GROVE WI 53083 920-334-1044

ACCOUNT	JOB
27655	7
SOLD ON	9/28/2020 7:53:18 AM
DELIVER ON	9/25/2020
BRANCH	S-CBS / M-KBS
CUSTOMER PO#	910 ONTARIO
STATION	LANG
CASHIER	LL
SALESPERSON	JE
ORDER ENTRY	RO1

2009-K32351RO1---WESTERN---FLUSH SLAB---09/24

DELIVER ANYTIME FRIDAY TO SHOP / PUT INSIDE / CALL DUSTIN W/ QUESTIONS DUSTIN 920-917-7740

Quantity	UM	Item	Description	D	T	Price	Per	Amount
			Order: 2009-C91669					
		C	WESTERN					
1	EA	SOC91669-000	2/10 X 6/8 X 1-3/4" S.C. FLUSH BIRCH EXTERIOR SLAB SLAB ONLY NO PREPPING FULL & SQUARE (34" X 80") Staging: DELV TR		Y	160.0000	EA	160.00

Payment Method(s)

Charge to Acct 168.80

S01 5.50%	SubTotal	160.00
	Sales Tax	8.80
	Deposit	
Please Pay This Amount		168.80

Terms: Cash. Estbld. Accts. due 25th of month following purchase. Amounts past due subject to service charge & legal fees. 30 days to return in-stock items only. THE SELLER RESERVES THE RIGHT TO FILE A TIMELY MATERIALMAN'S LIEN TO SECURE ITS CLAIM.

Signature

CITY OF SHEBOYGAN

REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION

ITEM DESCRIPTION: R.O. No. 103-20-21 is a claim from Sweigert Investments, LLC for alleged damages to their property.

REPORT PREPARED BY: Laurie Suhrke, Accountant II

REPORT DATE: December 9, 2020 **MEETING DATE:** December 14, 2020

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:
R.O. No. 103-20-21 is a claim from Sweigert Investments, LLC for alleged damages to the property at 910/912 Ontario Avenue when a tree fell on the house during a storm that swept through the area..

STAFF COMMENTS:
City staff has reviewed the above claim and under the authorization by the Common Council, Res. No. 64-17-18, has determined it is in the best interest of the City of Sheboygan to deny the claim.

ACTION REQUESTED:
Motion to recommend the Common Council accept and file document R.O. No. 103-20-21.

ATTACHMENTS:
I. R.O. No. 103-20-21

CITY OF SHEBOYGAN

REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION

ITEM DESCRIPTION: R.O. No. 104-20-21 is a claim from Sweigert Investments, LLC for alleged damages to their property.

REPORT PREPARED BY: Laurie Suhrke, Accountant II

REPORT DATE: December 9, 2020 **MEETING DATE:** December 14, 2020

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:
R.O. No. 104-20-21 is a claim from Sweigert Investments, LLC for alleged damages to the property at 916 Ontario Avenue when a tree fell on the house during a storm that swept through the area..

STAFF COMMENTS:
City staff has reviewed the above claim and under the authorization by the Common Council, Res. No. 64-17-18, has determined it is in the best interest of the City of Sheboygan to deny the claim.

ACTION REQUESTED:
Motion to recommend the Common Council accept and file document R.O. No. 104-20-21.

ATTACHMENTS:
I. R.O. No. 104-20-21

II

3.4

R. O. No. 104 - 20 - 21. By CITY CLERK. November 16, 2020.

Submitting a claim from Sweigert Investments LLC for alleged damages to house when storms swept through the area and a city owned tree branch broke and damaged house at 916 Ontario Avenue.

CITY CLERK

F+P

DATE RECEIVED 11-2-2020

RECEIVED BY MKC

CLAIM NO. 19-20

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

NOV 0 2 2020

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: Sweport Investments LLC
2. Home address of Claimant: 916 Ontario Avenue
3. Home phone number: 920 793-1444
4. Business address and phone number of Claimant: 2221 Lincoln Avenue Two Rivers WI 54241
5. When did damage or injury occur? (date, time of day) Around June 5, 2020
6. Where did damage or injury occur? (give full description) damage occurred to roof, soffit, fascia and gutters.
7. How did damage or injury occur? (give full description) Storms ~~to~~ swept through area and city owned tree branch broke and damaged house.
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").

No injuries. hole torn in brand new roof. soffit, fascia & gutters damaged.

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

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

Auto: $_____

Property: $ 530 per A+A roofing.

Personal injury: $_____

Other: (Specify below $_____

TOTAL $ 530.00 - Does not include gutters.

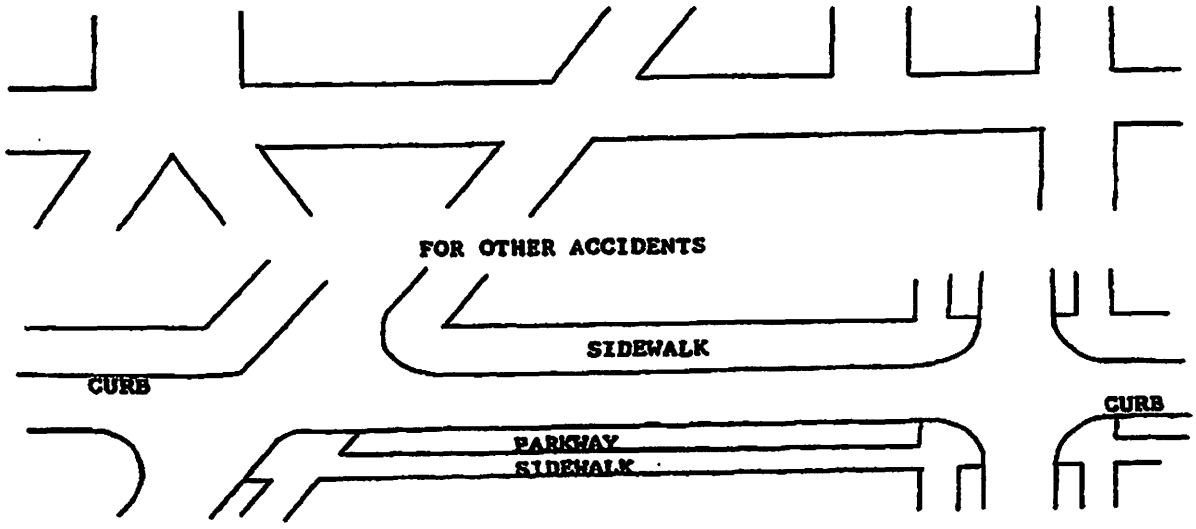
Damaged vehicle (if applicable)

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 _____ DATE _____

DATE RECEIVED 11-2-2020 RECEIVED BY MKC

CLAIM NO. 19-20

CLAIM

Claimant's Name: _____ Auto $_____

Claimant's Address: _____ 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 $ 530.00.

SIGNED [illegible] mbr DATE: 10/13/2020

ADDRESS: 2221 Lincoln Ave Two Rivers WI 54241

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

Paid 8/11/20 $530.00 SW chk #2749

entered ✓

A & A ROOFING

"FROM SUNRIST TO SUNSET, I AM YOUR ROOFER MAN"
Phone:920-377-1726 or 920-377-6433

INVOICE

DATE: 7-30-2020 INVOICE#

BILL TO:

920 334-1044

WORK PREFORMED AT:

918 ontario Av

WORK START DATE	WORK FINISHED DATE	PAYMENT NEEDED AT START	PAYMENT NEEDED AT FINISH	ADDITIONAL COSTS	TOTAL COST
					$530

	DESCRIPTION OF WORK TO BE PREFORMED	*ADDITIONAL COSTS*
✓	TEAR OFF OF OLD ROOF Repair east The house	
	O.S.B PLYWOOD 7/16	
	ICE SHEILD PAPER	
	RIDGE VENT OR REGULAR VENTILATION	
	FLASHING CHIMMINEY REMOVAL PIPE INSTALLATION	
	INSTALLATION OF NEW ARCHITECHTUAL SHINGLES [LIFETIME WARRANTY] COLOR:	
✓	GARBAGE REMOVAL	
✓	Repair roof	$250
	INSTALL 5" .032 SEAMLESS ALUMINUM GUTTER INSTALL 4" ALUMINUM DOWNSPOUTS	
✓	soffit in Fascia Repair	$180

	PRICE INCLUDES THE FOLLOWING	
	HOUSE ONLY	
	GARAGE	
✓	MATERIAL	
✓	LABOR	
	PERMIT	
✓	GARBAGE REMOVAL	

The above price and specifications listed are correct. Price includes as indicated. Scheduling of the job may or may not be affected by adverse weather conditions. You authorize work to be performed.

IF CONTRACT IS BROKEN BY OWNER A 15% FEE WILL BE CHARGED TO OWNER OF TOTAL COST

Signature of Owner:_____ Signature of Hilario Mendoza_____

BOTH PARTIES AER IN AGREEMENT

THANK YOU FOR YOUR BUSINESS

CITY OF SHEBOYGAN

REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION

ITEM DESCRIPTION: R.O. No. 105-20-21 is a claim from Eric Strouf for alleged damages to his property.

REPORT PREPARED BY: Laurie Suhrke, Accountant II

REPORT DATE: December 9, 2020 **MEETING DATE:** December 14, 2020

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:
R.O. No. 105-20-21 is a claim from Eric Strouf for alleged damages due to sewer backup in his basement.

STAFF COMMENTS:
City staff has reviewed the above claim and under the authorization by the Common Council, Res. No. 64-17-18, has determined it is in the best interest of the City of Sheboygan to deny the claim.

ACTION REQUESTED:
Motion to recommend the Common Council accept and file document R.O. No. 105-20-21.

ATTACHMENTS:
I. R.O. No. 105-20-21

II

3.S

R. O. No. 105 - 20 - 21. By CITY CLERK. November 16, 2020.

Submitting a claim from Eric Strouf for alleged damages to his basement due to a sewer backup.

CITY CLERK

F&P

DATE RECEIVED 10-30-20

RECEIVED BY MKC

CLAIM NO. 17-20

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

OCT 30 2020

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: Eric Strouf
2. Home address of Claimant: 1306 N 28th St Sheboygan WI 53081
3. Home phone number: 920-946-8975
4. Business address and phone number of Claimant:
5. When did damage or injury occur? (date, time of day) 10/6/2020 4:00 pm
6. Where did damage or injury occur? (give full description)
   Basement of 1306 N 28th St.
7. How did damage or injury occur? (give full description)
   Sewer back up in basement.
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:

ericstrouf@gmail.com

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"

Sewer back up came up through my floor drain and spread around my basement. This is the second occurrence in 2 years.

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

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

Auto:	$
Property:	$ 831.23
Personal injury:	$
Other: (Specify below	$
TOTAL	$ 831.23

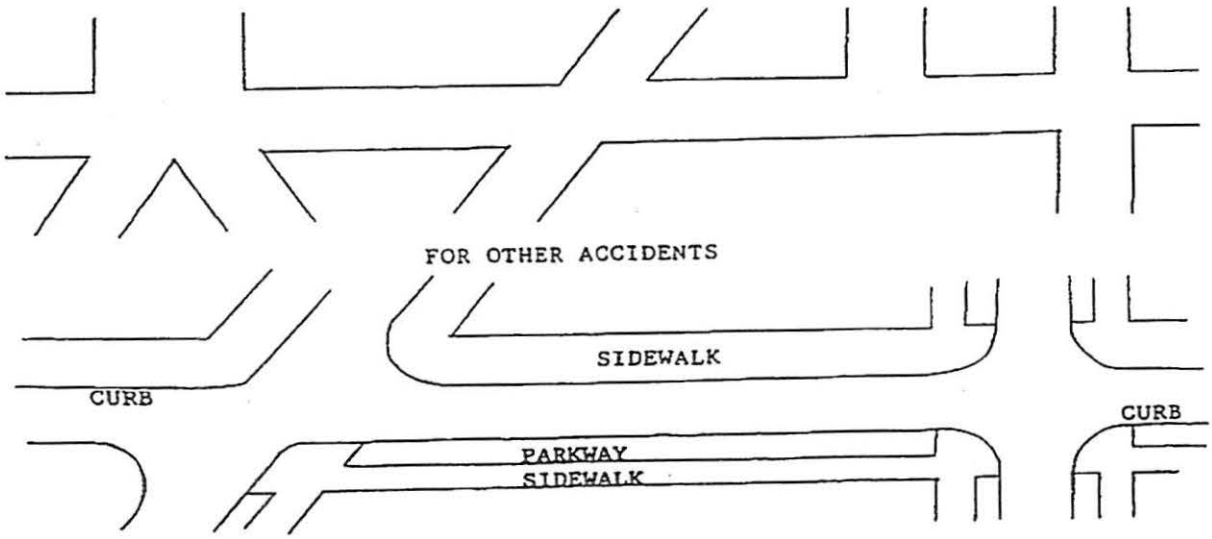
Damaged vehicle (if applicable)

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 Eric Stl DATE 10/30/2020

DATE RECEIVED 10-30-20

RECEIVED BY MKC

CLAIM NO. 17-20

CLAIM

Claimant's Name: Eric Stroup

Claimant's Address: 1306 N 28th St
Sheboygan, WI 53081

Claimant's Phone No. 920-946-8975

Auto	$
Property	$ 831.23
Personal Injury	$
Other (Specify below)	$
TOTAL	$ 831.23

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 $ 831.23 .

SIGNED Eric Stroup DATE: 10/30/2020

ADDRESS: 1306 N 28th St. Sheboygan WI 53081

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

Elite Restoration LLC
Po Box 8453
Green Bay WI 54208

Invoice

Date	Invoice #
10/13/2020	1996

Bill To
Eric Strouf 1306 N. 28th st Sheboygan WI 53081

P.O. No.	Terms	Due Date	Project
	Due on receipt	10/13/2020	

Description	Quantity	Rate	Amount
Emergency Water Mitigation category 3 sewage water		831.23	831.23

Total $831.23

ELITE RESTORATION LLC
WATER & MOLD DAMAGE SPECIALISTS
GREEN BAY, WI
920.883.0758

Elite Restoration LLC

Insured:	Strouf, Eric	Home:	(920) 946-8975
Property:	1306 N. 28th st Sheboygan, WI 53081	E-mail:	ericstrouf@gmail.com
Claim Rep.:	Brandon Schwarm	Business:	(920) 883-0758
Company:	Elite Restoration LLC	E-mail:	eliterestorationwi@gmail.com
Business:	po box 8453 Green Bay, WI 54308		
Estimator:	Brandon Schwarm	Business:	(920) 883-0758
Company:	Elite Restoration LLC	E-mail:	eliterestorationwi@gmail.com
Business:	po box 8453 Green Bay, WI 54308		

Claim Number: **Policy Number:** **Type of Loss:**

Date Contacted:	10/7/2020		
Date of Loss:	10/7/2020	Date Received:	10/7/2020
Date Inspected:	10/7/2020	Date Entered:	10/13/2020 8:34 AM
Price List:	WIGR8X_OCT20 Restoration/Service/Remodel		
Estimate:	2020-10-13-0834		

Thank you for choosing Elite Restoration to assist you with your loss. Below, please find the itemized estimate you requested. If any additional information is required, please contact Brandon Schwarm, Owner of Elite Restoration LLC at 920-883-0758 or by email, eliterestorationwi@gmail.com

This water mitigation estimate does not account for unforseen damage.

Please forward payment to Elite Restoration at Po Box 8453 Green Bay WI 54308
All mitigation invoices must be paid in full prior to start of reconstruction or furnishing of material.

Please note, credit card transactions are subject to a 3% service fee.

Summary of Inspection

Our inspection found sewage water had entered the basement laundry area through the floor drain. The affected basement area is unfinished.

2020-10-13-0834

Mitigation

DESCRIPTION	QTY
1. Water extraction/cleaning hard surface floor - Cat 3 water	1.00 MN
2. Hydroxyl generator - odor counteractant - 3 optics	1.00 DA

Miscellaneous

DESCRIPTION	QTY
3. Equipment setup, take down, and monitoring (hourly charge)	2.00 HR
4. Equipment decontamination charge - per piece of equipment	2.00 EA
5. Hazardous Waste Cleaning Technician - per hour	2.00 HR

Grand Total $831.23

Brandon Schwarm

Feb 2018 Occurrence
City Claim #: 28-17 Denied

NEUMANN PLUMBING & HEATING, INC.
1114 Millersville Avenue
Howards Grove, WI 53083
(920) 565-3345
(920) 565-4181 (fax)
www.neumannplumbing.com

Invoice: 141787
Customer ID: 10610
Date: 2/20/2018

Bill to: Eric Strouf
1306 North 28th Street
Sheboygan, WI 53081

Service at: Eric Strouf
1306 North 28th Street
Sheboygan, WI 53081

P.O. #:

Quantity	Description	Unit Price	Amount
	Plumbing Service 2-3-18: *Afterhours - sewer back up.		$225.00

Notes:

Terms: Net 30

We accept Mastercard & Visa

Subtotal:	$225.00
Sales Tax:	$12.38
Payments:	$0.00
Total Due:	**$237.38**

PLEASE WRITE CUSTOMER ID NUMBER ON REMITTANCE. THANK YOU!

Void
Ck #64817848
3/14/18

Feb 2018 Occurrence
City Claim # 28-17 Denied

Harrison's Cleanup & Restoration

Harrison's Cleanup & Restoration
3475 County Road I
Saukville WI, 53080

Client: Eric Strouf
Property: 1306 N 28th St
Sheboygan, WI 53081

Home: (920) 946-8975

Operator Info:
Operator: MICHAEL

Estimator: Michael Coyle
Company: Harrison's Cleanup & Restoration
Business: 3475 County Road I
Saukville, WI 53080

Business: (262) 305-5889
E-mail: mike@harrisonsrestoration.com

Type of Estimate: Backup of Sewer or Drain
Date Entered: 2/5/2018 Date Assigned: 2/3/2018
Date Est. Completed: 2/5/2018 Date Job Completed: 2/5/2018

Price List: WIMW7X_JAN18
Labor Efficiency: Restoration/Service/Remodel
Estimate: 2018-02-05-1438

Claim #	Type of Loss	Deductible
	DRAIN BCK	0.00

Base Service Charges - This charge is added to each labor category to help ensure that the unit piece will cover the expenses for all jobs with include travel, supplies, planning, and mobilization of each contractor.

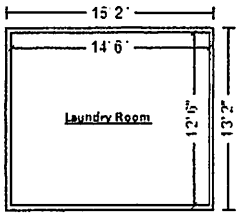
PLEASE NOTE - In order to accurately invoice for remediation portion, final invoice will be completed on actual time and material needed to complete repair. Included amounts are allowances only. Amount may vary, based upon final determined scope of work for cleaning after demolition.

Harrison's Cleanup & Restoration

Harrison's Cleanup & Restoration
3475 County Road I
Saukville WI, 53080

2018-02-05-1438

Main Level



Laundry Room **Height: 8'**

431.74	SF Walls	181.04	SF Ceiling
612.78	SF Walls & Ceiling	181.04	SF Floor
20.12	SY Flooring	53.97	LF Floor Perimeter
53.97	LF Ceil. Perimeter		

DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
Clean more than the floor with pressure steam - Pressure wash floor 4 times, once for sewage removal, after microban qgc, then after microban spray plus, and the final clean - After hours - Saturday	724.18 SF	0.00	0.69	499.68
Apply anti-microbial agent to more than the floor - after hours - 2 applications - Microban QGC and Microban Spray Plus	362.09 SF	0.00	0.27	97.76
Water extract from hard surf flr - Cat 3 wtr - aft bus hrs - Extraction sewage and from pressure washing	181.04 SF	0.00	1.06	191.90
Totals: Laundry Room				789.34

Services

DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
Emergency service call - after business hours	1.00 EA	0.00	180.36	180.36
Equip. travel, setup, & monitoring - after hrs	5.00 HR	0.00	59.46	297.30
Equipment Travel, take down, and monitoring (hourly charge)	2.00 HR	0.00	39.60	79.20
Dehumidifier - XLarge - No monitoring - 1 unit for 3 days - Saturday - Monday	3.00 EA	0.00	114.72	344.16
Air mover - No monitoring - 3 units for 3 days - Sat - Mon	9.00 EA	0.00	25.56	230.04
Equipment decontamination charge - per piece of equipment - Clean tools, hose, pressure line, recovery tank, and drying equipment	4.00 EA	0.00	33.36	133.44

Harrison's Cleanup & Restoration
3475 County Road I
Saukville WI, 53080

CONTINUED - Services

DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
Content Manipulation charge - per hour - after hours	0.50 HR	0.00	59.35	29.68
Totals: Services				1,294.18
Total: Main Level				2,083.52
Line Item Totals: 2018-02-05-1438				**2,083.52**

Grand Total Areas:

431.74	SF Walls	181.04	SF Ceiling	612.78	SF Walls and Ceiling
181.04	SF Floor	20.12	SY Flooring	53.97	LF Floor Perimeter
0.00	SF Long Wall	0.00	SF Short Wall	53.97	LF Ceil. Perimeter
181.04	Floor Area	199.48	Total Area	431.74	Interior Wall Area
509.70	Exterior Wall Area	56.63	Exterior Perimeter of Walls		
0.00	Surface Area	0.00	Number of Squares	0.00	Total Perimeter Length
0.00	Total Ridge Length	0.00	Total Hip Length		

Harrison's Cleanup & Restoration

Harrison's Cleanup & Restoration
3475 County Road I
Saukville WI, 53080

Summary

Line Item Total			2,083.52
Services Mat'l Tax	@	5.600%	7.55
Subtotal			2,091.07
Service Sales Tax	@	5.600%	115.44
Replacement Cost Value			**$2,206.51**
Net Claim			**$2,206.51**

Michael Coyle

Feb 2018 Occurrence

Denied

28-17

459-3314 Laurie

CITY OF SHEBOYGAN

REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION

ITEM DESCRIPTION: R.O. No. 110-20-21 is a claim from Kara Bergin for alleged injuries.

REPORT PREPARED BY: Laurie Suhrke, Accountant II

REPORT DATE: December 9, 2020 **MEETING DATE:** December 14, 2020

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:
R.O. No. 110-20-21 is a claim from Kara Bergin for alleged injuries due to a trip and fall on uneven cement on N 8th Street.

STAFF COMMENTS:
City staff has reviewed the above claim and under the authorization by the Common Council, Res. No. 64-17-18, has determined it is in the best interest of the City of Sheboygan to deny the claim.

ACTION REQUESTED:
Motion to recommend the Common Council accept and file document R.O. No. 110-20-21.

ATTACHMENTS:
I. R.O. No. 110-20-21

II

4.3

R. O. No. 110 - 20 - 21. By CITY CLERK. December 7, 2020.

Submitting a claim from Kara Bergin for alleged injuries from a trip and fall on uneven cement on N. 8th Street.

FAP

CITY CLERK

DATE RECEIVED 11-16-20 RECEIVED BY MKC

CLAIM NO. 20-20

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

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: Kara K Bergini
2. Home address of Claimant: 919 Wisconsin Ave #417 Sheboygan
3. Home phone number: 920-287-8596
4. Business address and phone number of Claimant: N/A
5. When did damage or injury occur? (date, time of day) 5/16/20
6. Where did damage or injury occur? (give full description) Entrance to the Alley between the Avenues of Erie & Ontario on N. 8th St, Sheboygan
7. How did damage or injury occur? (give full description) 5/16/20 About Noon
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: When entering the alley from the street the is a rise in the cement.

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

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").

I tripped, fell face first while entering the alley on N. 8th between Erie & Ontario.

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

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

Auto:	$ 0
Property:	$ 0
Personal injury:	$ 5,000
Other: (Specify below	$ 588.77
TOTAL	$ 5,588.77

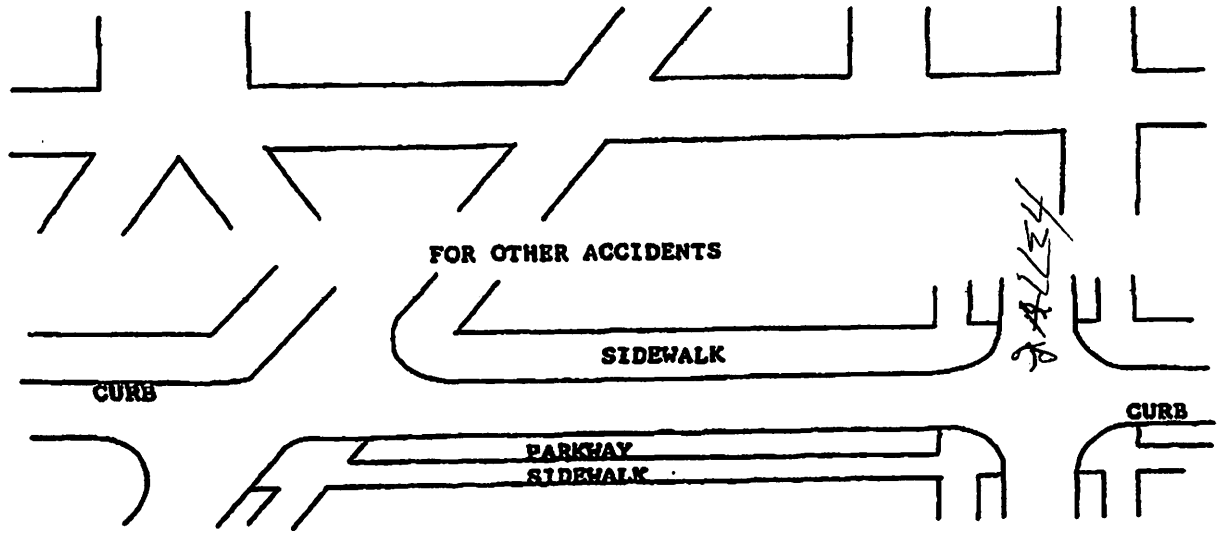
Damaged vehicle (if applicable) N/A

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

Names and addresses of witnesses, doctors and hospitals: Sheb. Police (picture)
Orange Cross Ambulance 1919 Ashland Ave Sheb.
Aurora Memorial Hospital 2629 N. 7th St Sheb 53083

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 Kara Berger DATE 11/14/20

DR. Wolfington 630 Riverfront DR #202 Sheboygan
DR. Heinen 1535 N. 33rd Pl. Sheb
DR. Herloff 3108 S. Business DR Sheb
DR. Heather Kalmick 2905 S. 12th St. Sheb.

10. Give a description of the injury, property damage or loss, so far as known at this time. (If there was no injury, write "NO INJURY").

11. Name and address of any other person involved.

12. Damage estimate. (Has it been found by the amounts provided here.)

Auto: $

Property: $

Personal Injury: $

Other: (specify below) $

TOTAL $

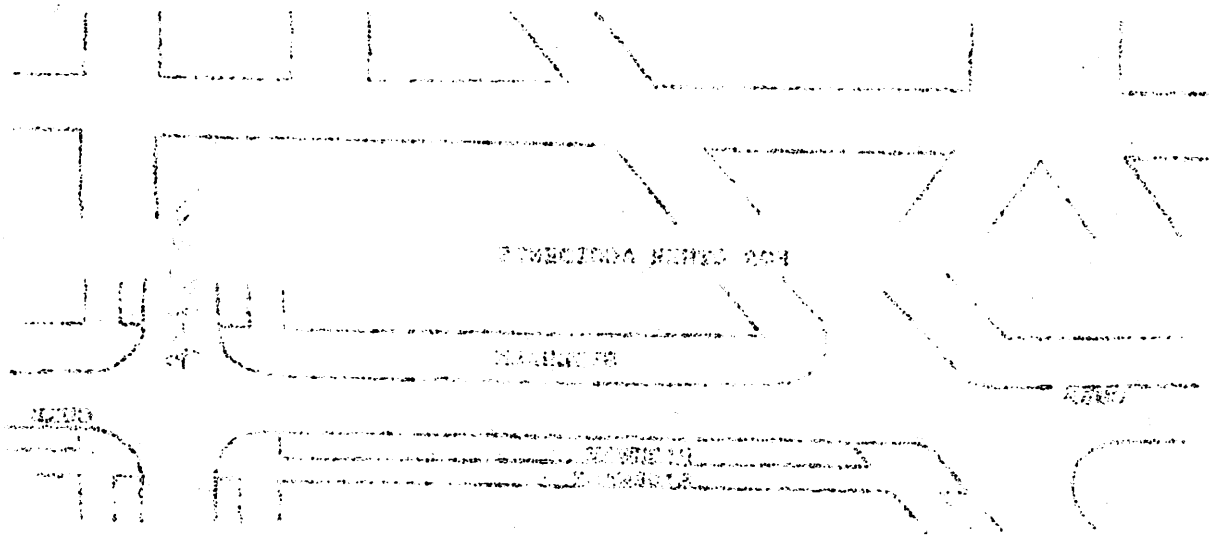
Required vehicle: (If applicable)

Make: Model: Year: Color:

Name and addresses of witnesses, medical and hospitals:

FOR ALL INJURY MOTORS, CONTACT THE TORONTO DRIVER IN PERSON. BE SURE TO INCLUDE NAMES OF ALL OTHERS, MODE OF DRIVING, DESCRIPTION OF VEHICLES, MANEUVERING MADE AT THE VARIOUS (IF APPLICABLE), METHOD OF DRIVING VEHICLE, LOCATION OF INCIDENT, ETC.

NOTE: If diagram helps to put the situation, include proper indicators and sign



SIGNATURE OF CLAIMANT DATE

DATE RECEIVED _____ RECEIVED BY _____

CLAIM NO. _____

CLAIM

NOV 16 '20 PM 2:45

Claimant's Name: KARA K. BERGIN

Claimant's Address: 919 WISCONSIN AVE #417
SHEBOYGAN, WI 53081

Claimant's Phone No. 920-287-8596

Auto	$ 0
Property	$ 0
Personal Injury	$ 5,000
Other (Specify below)	$ 558.77
TOTAL	$ ~~10,558.77~~ 5,588.77

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 $ ~~10,558.77~~ 5,588.77 SEE ATTACHED.

SIGNED Kara K Bergin DATE: 11/16/20

ADDRESS: 919 WISCONSIN AVE #417
SHEBOYGAN, WI 53081

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

Please Make Check Payable To:

WE ACCEPT MasterCard VISA DISCOVER

Please see back of form.

Heather M Kalmuck DDS, SC
2905 South 12th Street
Sheboygan, WI 53081

******** STATEMENT ********

Acct#:	13726
Statement Date:	9/23/2020
Balance Due Now:	$271.80
DUE DATE:	10/10/2020

Kara Bergin
919 Wisconsin Avenue
Apt 417
Sheboygan, WI 53081

Amount Enclosed: _____

Phone: (920) 459-8467

☐ Please ✓ Box if above address information is incorrect & indicate changes on reverse side.

Please enclose top portion with payment

Date	Patient	Code	Description	Debits	Credits	Balance
				Balance Forward >>>>>>>		$271.80

Balance Due:	$271.80
- Estimated Insurance:	$0.00
>>>>>>>>>>> Balance Due Now:	$271.80

Current	30 Days	60 Days	90 Days	Est. Insurance	On Contract
$0.00	$0.00	$0.00	$271.80	$0.00	$0.00

To pay your bill online please go to our website: www.sheboyganfamilydentalcare.com, click on "Patient Resources" then click on "Patient Log-in".

Current Dental Terminology (CDT) © American Dental Association (ADA). All rights reserved.

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT, RETAIN BOTTOM PORTION FOR YOUR RECORDS

900-MCD

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE...

Your Name _____ Marital Status _____

Street _____ Home Phone _____

City _____ State _____ Zip _____

Employer _____ Business Phone _____

Employer Address _____

Insurance Company _____ Contract No. _____

Other Information _____

Please check one: ☐ MasterCard ☐ VISA ☐ DISCOVER

ACCOUNT NUMBER ☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐

SECURITY CODE NO. ☐☐☐

NAME _____ Card Expiration Date: _____
(Print name exactly as it appears on the card.)

Amount to be charged _____ Signature _____

On May 16, 2020, I tripped over a raise in the cement while entering the alley between Ontario Ave. and Erie Ave., on North 8th St., fell face first on to the cement. Two different cars stopped to help and called the ambulance. A Police officer arrived to take picture of the event. I was taken to Memorial Hospital for x-rays and released a short while later.

It was a month before the carsickness subsided and I was able to take a cab to the chiropractor's office. (I don't drive.)

Results.

- Cut my nose
- Bruises and swelling on my face
- Swollen upper lip and mouth.
- Broke my glasses
- Broke my upper denture
- Concussion
- Excruciating headache for at least two months
- Whiplash
- Car-sick
- It took five months for Heinen Chiropractic to readjust my spine.
- Dr. Wolfington (Podiatrist) adjusted my ankle and popped my ankle back into place.
- DDS. Heather Kalmuck repaired my denture at a cost of **$271.80.**
- Purchased out-of-pocket a Drive Rollator **$46.97**
  (recommended by both Dr. Heinen and Dr. Wolfington).

I am still waiting for the billing statement from Yellow Cab each round trip (12) to Heinen Chiropractic cost $20.00 for a total of **$240.00, during June and July.**
For months I have suffered from PTSD, afraid to walk alone or to go down hills, driveways and stairs.
I am requesting that my bills be paid **$558.77**
Also, **$5,000** for pain and suffering.

Thank you very much for assisting me in this matter.

Kara Bergin
919 Wisconsin Ave. #417
Sheboygan, WI. 53081
(920) 287-8596
kk.bergin@gmail.com

ROLLATOR

May 29, 2020

Order # 292339177

Total: $46.97

Order Details

Drive Medical Rollator Rolling Walker with 6" Wheels

Option:Red
Quantity:1
Status:Delivered
Delivered:June 2nd, 2020

HEINEN
CHIROPRACTIC, S.C.

1539 North 33rd Place, Suite B
Sheboygan, WI 53081
Phone: 920-451-9960

Multiple Appointment Program

Patient Name: Kara Bergin 9:40 Progress Exam/X-ray Date(s): 7·17 8·19

Regularly scheduled adjustments are one of the most important factors in recovering and maintaining your health. All muscles, ligaments, tendons, and cartilage must be strengthened and realigned to hold vertebrae in position. A regular schedule of care must be given priority.

Please familiarize yourself with the appointments listed below. These must be kept to maximize benefit. If situations arises such as vacation where you may need to make an appointment change, please notify us in advance.

We promise to do everything possible to help you not only regain, but also maintain your health. Your cooperation in keeping your

2020

January

S	M	T	W	Th	F	S
	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

March

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FALL

June

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	

TIME: Day _____ at _____ am - pm Except Day _____ at _____ am - pm

Day _____ at _____ am - pm Other: _____

Day _____ at _____ am - pm _____

III

5.4

Res. No. 131 - 20 - 21. By Alderpersons Donohue and Bohren.
December 7, 2020.

A RESOLUTION authorizing a transfer of appropriations in the 2020 Budget and authorizing reimbursement for funds expended for the purchase of property located at 1807 North 8th Street.

WHEREAS, the Section 108 Loan Guarantee Program (Section 108) provides Community Development Block Grant (CDBG) recipients with the ability to leverage their annual grant allocation to access low-cost, flexible financing for economic development, housing, public facility, and infrastructure projects; and

WHEREAS, communities can use Section 108 guaranteed loans to either finance specific projects or to launch loan funds to finance multiple projects over several years; and

WHEREAS, the City of Sheboygan wishes to use $1,000,000 in CDBG funds, including Section 108 guaranteed loan funds, to help finance the acquisition of the former Save-A-Lot grocery store at 1817 N. 8th Street for the purpose of remodeling the building into an active senior community center, with space to rent to additional public service providers, all for the benefit of the citizens of the City; and

WHEREAS, the closing on the purchase of the building is anticipated to occur before all CDBG funds are available. As such, the City wishes to expend the funds necessary for the purchase at the time of closing from the fund balance within the General Fund, to reimburse $500,000 of the cost in January, 2021 from the reprogrammed revolving loan funds completed through a substantial amendment to the 2020 program year CDBG expenditures, and to reimburse up to an additional $500,000 through the Section 108 guaranteed loan funding, to be reimbursed upon closing of the anticipated loan with the United States Department of Housing and Urban Development (HUD) and the availability of the proceeds of said loan funds; and

WHEREAS, a resolution authorizing said reimbursement via the Section 108 guaranteed loan funding is necessary to permit said reimbursement, as is a transfer resolution authorizing the transfer of the 2020 CDBG Funds.

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NOW, THEREFORE, BE IT RESOLVED: That the Finance Director be and is hereby authorized and directed to make the following transfer of appropriations in the 2020 Budget for the purposes of establishing an appropriation for the purchase of property located at 1817 N. 8th Street in the City of Sheboygan for the public purpose of remodeling the building into a senior activity center, as follows:

From	To	Amount
22381400-811400 Interfund Transfer to Capital Projects	40099990-492223 Interfund Transfer from CDBG	$500,000

BE IT FURTHER RESOLVED: That the appropriate City officials be and hereby are authorized and directed to reimburse up to $500,000 from Section 108 guaranteed loan funding, to be reimbursed upon closing of the anticipated loan with the United States Department of Housing and Urban Development (HUD) and the availability of the proceeds of said loan funds. This resolution expresses the intent of the Common Council to expend such Section 108 guaranteed loan funds for the public purpose of purchasing the building located at 1817 N. 8th Street in the City of Sheboygan and converting it into an active senior community center, with space to rent to additional public service providers, all for the benefit of the citizens of the City. It is understood that an additional transfer resolution may be required to effectuate the transfer.

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

CITY OF SHEBOYGAN

REQUEST FOR FINANCE AND PERSONNEL CONSIDERATION

ITEM DESCRIPTION: Res. No. 131-20-21 by Alderpersons Donohue and Bohren, a resolution authorizing a transfer of appropriations in the 2020 budget and authorizing reimbursement for funds expended for the purpose of the property located at 1807 N. 8th Street.

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

REPORT DATE: December 9, 2020 **MEETING DATE:** December 14, 2020

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 has previously approved utilizing the HUD Section 108 program to fund the purchase and renovation of the former Save A Lot store located at 1817 N. 8th Street into the senior community center. The City plans to purchase the building with Community Development Block Grant (CDBG) Funds, all the funding will not be in place to close on the real estate in January. Therefore this reimbursement resolution, as requested by HUD, is being proposed to both transfer the appropriations in the budget and reimburse the city with loan proceeds.

STAFF COMMENTS:
It is planned to use $500,000 of reprogrammed housing/business loan funding to purchase the building in January. The other $500,000 would come from city funds. Once the Section 108 loan closes, the City would reimburse itself the $500,000 paid with city funds. In order to pay $500,000 with the city funds a transfer of appropriations is also included in this resolution to transfer $500,000 from the CDBG funds to the Capital Projects Fund.

ACTION REQUESTED:
Motion to recommend to the Common Council to approve Sub. Res. No. 131-20-21 to correct the address of the purchase in the first sentence, by Alderpersons Donohue and Bohren, a resolution authorizing a transfer of appropriations in the 2020 budget and authorizing reimbursement for funds expended for the purpose of the property located at 1807 N. 8th Street.

ATTACHMENTS:
I. Res. No. 131-20-21

CITY OF SHEBOYGAN

REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION

ITEM DESCRIPTION: Res. No. 133-20-21 by Alderpersons Donohue and Bohren, a resolution authorizing retaining outside legal counsel to represent the City in the matter of Wal-Mart Real Estate Business Trust v. City of Sheboygan, and authorizing payment for said services.

REPORT PREPARED BY: Tara Duwe, Deputy Finance Director

REPORT DATE: December 14, 2020 **MEETING DATE:** December 14, 2020

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:
It was determined the City should retain outside counsel.

STAFF COMMENTS:
It is in the best interest of the City to retain outside counsel in matters of this nature.

ACTION REQUESTED:
Motion to recommend to the Common Council adopt Res. No. 133-20-21, by Alderpersons Donohue and Bohren, a resolution authorizing retaining outside legal counsel to represent the City in the matter of Wal-Mart Real Estate Business Trust v. City of Sheboygan, and authorizing payment for said services.

ATTACHMENTS:
I. Res. No. 133-20-21

III

DIRECT REFERRAL TO FINANCE AND PERSONNEL

Res. No. 133 - 20 - 21. By Alderpersons Donohue and Bohren.
December 14, 2020.

A RESOLUTION authorizing retaining outside legal counsel to represent the City in the matter of Wal-Mart Real Estate Business Trust v. City of Sheboygan, and authorizing payment for said services.

RESOLVED: That the Common Council hereby authorizes the hiring of Attorney Amy R. Seibel of Seibel Law Offices LLC as outside legal counsel to represent the City of Sheboygan in the defense of the lawsuit filed by Wal-Mart Real Estate Business Trust, Sheboygan County Circuit Court Case No. 2020CV000426.

BE IT FURTHER RESOLVED: That the Finance Director is hereby authorized and directed to draw on the Insurance Claims Administration Account No. 70511010-521900 in payment of same.

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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