

40.



City of West Allis Matter Summary

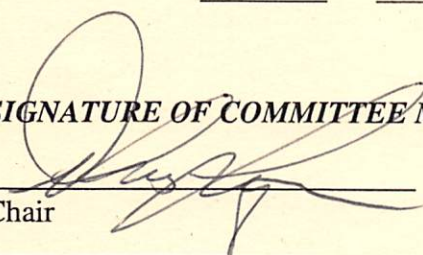
7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
2010-0669	Communication	Introduced
	Carlton Peterson communication relative to the West Allis Revised Municipal Code section 9.34. Property Owner Registration - Introduced: 11/16/2010	9.34. 9.39. Controlling Body: Safety & Development Committee

COMMITTEE RECOMMENDATION FILE

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>11/16/10</u>			Barczak				
			Czaplewski				
		✓	Kopplin	✓			
			Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Roadt				
			Sengstock				
			Vitale	✓			
			Weigel				
			TOTAL	<u>5</u>	<u>0</u>		

SIGNATURE OF COMMITTEE MEMBER


 Chair _____ Vice-Chair _____ Member _____

COMMON COUNCIL ACTION PLACE ON FILE

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>NOV 16 2010</u>			Barczak	✓			
			Czaplewski	✓			
			Kopplin	✓			
	✓		Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Roadt	✓			
			Sengstock	✓			
		✓	Vitale	✓			
			Weigel	✓			
			TOTAL	<u>10</u>			

NOVEMBER 1 2010

RECEIVED

NOV 05 2010

CITY OF WEST ALLIS
CLERK/TREASURER

Mayor & Council
City of West Allis


Re: WEST ALLIS REVISED MUNICIPAL CODE SECTION 9.39

It was a bit of a surprise to get a bill in the mail recently,
for a charge on property I own in the city.

I've been told that this charge is for the city to keep track
of property owners. DOESN'T OUR TAX BILL and all correspondence
from the city regarding owner requirements, DO EXACTLY THAT?

I am very disappointed that the council and mayor have found
another way of making it difficult for the small citizens*to
do business in our city. Do any of the people who made this
bill possible, own property in West Allis?

Isn't it a bit discriminating against small businesses once
again. Surely there must be another way of raising funds for
the city.


Carlton Peterson
Lifetime City Resident
20 Year City Hall Experience
414-453-6462

Mayor }
C: John Stibel } emailed 11-9-10
Steve Schaefer }
Aldersons }



City Of West Allis 2010 Property Owner Registration



In accordance with City of West Allis Revised Municipal Code Section 9.34 on a yearly bases. Property owners shall file owner contact information and appoint a local contact operator. Single, two-, and three-family properties are exempt if the owner's residence is the listed property. Please read the enclosed instructions thoroughly before filling out this form. Please type or print in ink.

Section 1 - Property Owner Information (See Section 1 Instructions)

Peterson Carlton & Marjorie Trust
1335 S 87 St
West Allis, WI 53214

1a. Required Information. List the preferred mailing address for contacting the property owner for public safety related issues. A street address is required, no P.O. Box or similar addressing is allowed.

Name _____

Address _____

City/State/Zip _____

Email Address _____
(Optional)

1a. Above is the current listings from the City Assessors Office of the primary owner and address for tax information mailing. Refer to Section 1a instructions to change.

1b. Property Owner's Emergency Phone # (Required)

(___) ___ - ___

Section 2 - Property Description for Registration (See Section 2 Instructions)

The following properties have been identified as being owned by the property owner listed in Section 1a.

Taxkey #	Property Address
479-0700-001	2120-01 S 85 ST

Section 3 - Local Operator Appointment (See Section 3 Instructions)

The Local Operator below is appointed by the property owner to accept official communications from the City regarding property related matters. Local Operator information shall list residence address and emergency phone information. The appointed Local Operator shall reside within one of the 7 counties of Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington, or Waukesha County. The Local Operator may be the property owner, subject to county residency requirements. If you choose not to have the same Local Operator for each property listed in Section 2, you must file an individual registration form for each property listed.

Last Name	First Name	M.I.	Surname (Jr, Sr, etc)
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Domicile (Residence) Address, City, St, Zip (no P.O. Box or similar is allowed)	County of Residence
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Local Operator Phone # for Emergency Contact
Primary (required) (___) ___ - ___
Other (Optional) (___) ___ - ___

*PAID QUADRA
PROTEST*