



Monica Schultz
City Clerk
City Clerk's Office
414.302.8220
mschultz@westalliswi.gov

Kelle Parker
2067 S. 78 St.
West Allis, WI 53219

November 16, 2017

Subject: Decision by City of West Allis Administrative Appeals Review Board (AARB) in regard to the Appeal of the Dangerous Dog Order for Kelle Parker of 2067 S. 78 St.

Dear Ms. Parker:

This letter is to formally notify you of the determination made by the City of West Allis Administrative Appeals Review Board (AARB) from its meeting on October 30, 2017 regarding your appeal.

At the meeting, the Board decided unanimously to rescind the Dangerous Dog Order for your dog, Zeke.

Thank you for the time you took in making your appeal and attending the meeting. If you have any questions, or need further information or clarification, please feel free to contact me.

Sincerely,

Monica Schultz
City Clerk

Enclosure

cc: Mayor Devine
Health Commissioner
City Attorney
Police Department

09-06-17

I would like Contest the
dangerous Dog Order. Due to a
Kid that was abusive to ~~my~~
my dog & mistreating my dog.
So my dog was defending him
Self. He is a very good dog &
never has bit anyone before.

Kelli Parker

RECEIVED

SEP 06 2017

CITY OF WEST ALLIS
CITY CLERK

09-06-17

I would like to take the dan

CITY OF WEST ALLIS

*** CUSTOMER RECEIPT ***

Oper: WALSJMS2 Type: CC Drawer: 1
Date: 9/06/17 01 Receipt no: 60852

Description	Quantity	Amount
A1	APPEAL-ARB	
	1.00	\$50.00

Trans number: 2017228

G/L account numbers:

1000004290205

KELLY PARKER

10577

DL	CLK DOG LIC - ALTERED	1.00	\$12.00
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Trans number: 2017229

G/L account number:

10000004290203

KELLY PARKER - ZEKE

Tender detail

CK CHECK PAYMEN	1542	\$62.00
-----------------	------	---------

Total tendered	\$62.00
----------------	---------

Total payment	\$62.00
---------------	---------

Trans date: 9/06/17 Time: 12:00:20

*** THANK YOU FOR YOUR PAYMENT ***

Patient Log

SAINT PAUL VETERINARY CLINIC

KELLE G PARKER
2067 S 78TH ST
WEST ALLIS WI 53219

Patient: ZEKE
Species: CANINE
Breed: Shepherd Mix
Color: Black & Tan
Doctor: Zachary Rieck DVM

DOB: 12/10/2009
Age: 7
Sex: MN
Tag: 163265
Weight: 107.00

Acc. No: 30326
Phone: (414)640-4185

Log: Rabies exam

Dr: Jenna Buley DVM

Log Date: 08/23/2017

HX: here for rabies exam/just bit someone a few hours ago. Otherwise doing well at home; no vomiting/diarrhea, coughing/sneezing, good appetite/energy level.

PE: BAR; EENT: mod tartar/gingivitis, MM pk, CRT < 2 sec, all else WNL; PLNs: WNL; Int: WNL;

M/S: WNL; Abd: WNL; CV: WNL; Resp: WNL; N/S: WNL; very friendly/amenable to entire exam

DX: very well behaved/friendly, healthy dog; no evidence of neurologic abnormalities

TX: none at this time

ST PAUL VETERINARY
481 N 27th ST
MILWAUKEE WI 53208

St Paul Veterinary Clin
431 N 27th Street
Milwaukee, WI 53208
414-342-7800
39307302078112

Account: 30326
Invoice: 178765
Date: 08/23/2017
Time: 6:38 PM
Page: 1

SALE

MID: 8112 Store: 0001 Term: 0005
Batch #: 601 REF#: 00000023
08/23/17 RRN: 723523610537
Trans ID: 307235848814801 18:34:41
APPR CODE: 017575
VISA
*****0501C

ZEKE
CANINE
Shepherd Mix
Tag: 163265
Age: 7
Sex: MN
Weight: 97.00

Doctor: Jenna Buley DVM

AMOUNT

\$51.00

APPROVED

VISA DEBIT
AID: A0000000031010
FVR: 80 80 00 80 00
ST 68 00

THANK YOU!

CUSTOMER COPY

	Qty	Price	Amount
T	1.00	0.00	0.00
#1	1.00	51.00	51.00
Tax			0.00
Net Invoice			51.00
Previous Balance			0.00
Payment			51.00
Card 51.00 (VISA)			
Balance Due			0.00

Reminders: Oct. 20, 2017 DA2PPL4
Oct. 20, 2019 RABIES VACC 3 YEAR

Thank You

ACCOUNTS PAST DUE WILL RECEIVE A 2% FINANCE CHARGE & \$5.00 SERVICE CHARGE

17-0333413

ORDER DANGEROUS DOG

Date: 8/23/17

Owner's Name(s): Kelle Parker

Address: 2067 S 78 St

Address: _____

Name of Dog: Zeke

Description of Dog: Shepherd hound mix, male, 9 yo
black, tan, white

Pursuant to West Allis Revised Municipal Code Section 7.126, your dog, described above, is hereby declared to be a **dangerous dog**.

Within **30 days** of the date of this order, you must comply with the requirements of 7.126(6) (see back of sheet). A West Allis police officer will conduct a follow-up investigation to ensure compliance with the requirements.

If you wish to contest this order or any of the requirements of 7.126(6), you must file an appeal pursuant to the provisions of Section 7.126(5)(b).

If you have questions about this order, please contact Assistant City Attorney Jenna Merten at (414) 302-8450.

Signature: Kenn Munnich / West Allis P.D.
Name of Officer / Department

Service: (check one)

☒ in-person

☐ mail

If in person, complete the following:

Date/Time: 8/23/17 @ 1723 hrs

Name of person served: DWM

Location: 2067 S 78 St

White - Police Department Copy

Pink - Health Department Copy

Yellow - Owner's Copy

Submit completed report to the Health Department within 24 hours.

7120 W National Ave, West Allis, WI 53214
Fax - 414-302-8628

Serving official name (print)

Kellen MESSAATT

Animal owner name (print)

Kellen Barker

Serving official signature

Kellen Barker

Animal owner signature

Date

8/23/17

Date

8-23-17

I understand and agree to abide by the conditions under which the above named animal, for which I am the responsible owner or custodian, is to be quarantined. I understand that violation of the conditions of this quarantine order, whether by violation or negligence, is punishable under the Revised Municipal Code for the City of West Allis.

authorization of the West Allis Health Department.

The animal will be released from quarantine only upon completion of the prescribed requirements and by written

submit proof of license to the West Allis Health Department.

owner. Also, if the animal does not have a valid Milwaukee County Animal License the owner must obtain the license and

Animals without a valid rabies vaccination must be vaccinated after the quarantine period, prior to being released to the

euthanized for purposes of laboratory testing for rabies.

Health Department must be notified immediately. The Health Commissioner may authorize, at any time that the animal be

If at any time during the quarantine period the animal becomes ill, shows signs of abnormal behavior, or dies, the West Allis

Department. In an emergency, the animal may be taken to a vet. Immediately notify the Health Department.

At no time may the animal be removed from the premises without prior written permission of the West Allis Health

animals. Animal may only be outside only for purposes of toileting and must be kept on a leash.

The animal must be confined at all times in an enclosed space that prevents contact with people, other pets, and wild

be submitted to the West Allis Health Department.

The animal must be seen by a veterinarian within 24 hours for a health clearance. A copy of the veterinarian's report must

Quarantine conditions:

associated with euthanasia and testing.

consistent with rabies. This animal is ordered to be euthanized for rabies testing. Animal owner is responsible for all costs

This animal has bitten or otherwise potentially exposed a person or other animal to rabies virus AND is exhibiting symptoms

Local Veterinarian Clinic: ☐ MADACC ☐

Proof of valid rabies vaccination is NOT provided. Animal is ordered to be impounded at:

Proof of valid rabies vaccination provided. In home quarantine ordered. See Quarantine conditions below.

quarantine/impoundment of the animal.

This animal has bitten or otherwise potentially exposed a person or other animal to rabies virus and is quarantined for a

minimum of 10 days from the date of the incident. Animal owner is responsible for all costs associated with

exposure.

Per the Revised Municipal Code of the City of West Allis 7.12(5) the animal identified above and owned/harbored by you at the

indicated address is hereby ordered confined, under the conditions defined below, for purposes of quarantine for possible rabies

Treated by: ☒ Medical Provider ☐ Self ☐ Parent ☐ NA

Victim's Name: Antonio FM McDowell

Victim's Address: 5142 N 72nd St

Victim's Phone/Cell: 414-839-8658

Date of Animal's Rabies Vaccination: 2016

Dog/Cat License Tag Number: N/A

Date Bite Occurred: 8/23/17

Was a person bitten? ☒ Y ☐ N

Did the Bite Break the Skin? ☒ Y ☐ N

Type of Pet: ☒ Dog ☐ Cat ☐ Other (List)

Name of Animal: Zerk

Animal Owner's Telephone Number: 4-759-2955

Animal Owner's Address: 2067 S 78 St

Animal Owner's Name: Kellen Barker

Allis Health Department Rabies Quarantine Order

17-033343



Public Health
West Allis Health Department
Protect. Promote. Prevent.



17-0333413

ORDER DANGEROUS DOG

RECEIVED
SEP 05 2017
WEST ALLIS
CITY ATTORNEY

Date: 8/23/17

Owner's Name(s): Kelle Parker

Address: 2067 S 78 St

Address: _____

Name of Dog: Zeke

Description of Dog: Shepherd hound mix, Male, 9 yo
black, tan, white

Pursuant to West Allis Revised Municipal Code Section 7.126, your dog, described above, is hereby declared to be a **dangerous dog**.

Within **30 days** of the date of this order, you must comply with the requirements of 7.126(6) (see back of sheet). A West Allis police officer will conduct a follow-up investigation to ensure compliance with the requirements.

If you wish to contest this order or any of the requirements of 7.126(6), you must file an appeal pursuant to the provisions of Section 7.126(5)(b).

If you have questions about this order, please contact Assistant City Attorney Jenna Merten at (414) 302-8450.

Signature: Kym Mument / West Allis P.D.
Name of Officer / Department

Service: (check one)

☒ in-person

☐ mail

If in person, complete the following:

Date/Time: 8/23/17 @ 1723 hrs

Name of person served: owner

Location: 2067 S 78 St

17-033343

West Allis Health Department Rabies Quarantine Order

Animal Owner's Name: Kelle ParkerAnimal Owner's Address 2067 S 78 StAnimal Owner's Telephone Number: 4-759-2955Public Health
Prevent. Promote. Protect.
West Allis Health DepartmentName of Animal: Zeke Type of Pet: ☒ Dog ☐ Cat ☐ Other (List) _____Date Bite Occurred: 8/23/17 Was a person bitten? ☒ Y ☐ N Did the Bite Break the Skin? ☒ Y ☐ NDate of Animal's Rabies Vaccination: 2016 Dog/Cat License Tag Number: N/AVictim's Name: Antonio Em McDowell Victim's Address: 5142 N 72nd StVictim's Phone/Cell: 414-839-8658 Treated by: ☒ Medical Provider ☐ Self ☐ Parent ☐ NA

Per the Revised Municipal Code of the City of West Allis 7.12(5) the animal identified above and owned/harbored by you at the indicated address is hereby ordered confined, under the conditions defined below, for purposes of quarantine for possible rabies exposure.

- ☒ This animal has bitten or otherwise potentially exposed a person or other animal to rabies virus and is quarantined for a minimum of **10 days** from the date of the incident. Animal owner is responsible for all costs associated with quarantine/impoundment of the animal.
- ☒ Proof of valid rabies vaccination provided. In home quarantine ordered. See Quarantine conditions below.
 - ☐ Proof of valid rabies vaccination is **NOT** provided. Animal is ordered to be impounded at:
 - ☐ MADACC
 - ☐ Local Veterinarian Clinic: _____
 - ☐ This animal has bitten or otherwise potentially exposed a person or other animal to rabies virus **AND** is exhibiting symptoms consistent with rabies. This animal is ordered to be euthanized for rabies testing. Animal owner is responsible for all costs associated with euthanization and testing.

Quarantine conditions:

- ☐ The animal must be seen by a veterinarian within 24 hours for a health clearance. A copy of the veterinarian's report must be submitted to the West Allis Health Department.
- ☐ The animal must be confined at all times in an enclosed space that prevents contact with people, other pets, and wild animals. Animal may only be outside only for purposes of toileting and must be kept on a leash.
- ☐ At no time may the animal be removed from the premises without prior written permission of the West Allis Health Department. In an emergency, the animal may be taken to a vet. Immediately notify the Health Department.
- ☐ If at any time during the quarantine period the animal becomes ill, shows signs of abnormal behavior, or dies, the West Allis Health Department must be notified immediately. The Health Commissioner may authorize, at any time that the animal be euthanized for purposes of laboratory testing for rabies.
- ☐ Animals without a valid rabies vaccination must be vaccinated after the quarantine period, prior to being released to the owner. Also, if the animal does not have a valid Milwaukee County Animal License the owner must obtain the license and submit proof of license to the West Allis Health Department.
- ☐ The animal will be released from quarantine only upon completion of the prescribed requirements and by written authorization of the West Allis Health Department.

I understand and agree to abide by the conditions under which the above named animal, for which I am the responsible owner or custodian, is to be quarantined. I understand that violation of the conditions of this quarantine order, whether by volition or negligence, is punishable under the Revised Municipal Code for the City West Allis.

Kelle Parker
Animal owner name (print)

Kelle Parker 8-23-17
Animal owner signature Date

Kewyn Mussatti
Serving official name (print)

Kewyn Mussatti 8/23/17
Serving official signature Date

White - Police Department Copy

Pink - Health Department Copy

Yellow - Owner's Copy

Submit completed report to the Health Department within 24 hours.

7120 W National Ave, West Allis, WI 53214

Fax - 414-302-8628

		West Allis Police Department		Incident Report	
		Incident: Dog/Cat/Animal Bite			
Incident Report Number:		Between: Date - Time		And/At: Date-Time	
17-033343				8/23/17 16:30	
Incident Location:					
6900 W National Ave, West Allis, WI, 53214					
CFS Code-1:		CFS Code-2:		CFS Code-3:	
7399G		ZJF9874			
CFS Code-5:		CFS Code-6:		CFS Code-7:	
				CFS Code-8:	
CN	Name (Last, First, Middle) Parker-Bean, Kiona L			DOB:	Race/Sex
				09/16/2003	B/F
Address: (Address, City, State, Zip)					Home Phone Number
2067 S 78 St, LOWER, WA, West Allis, WI, 53219					(414) 759-2955
Employer					Work Phone Number
Employer Address					Cell Phone Number
					(414) 514-2047
V	Name (Last, First, Middle) McDowell, Antonio EM			DOB:	Race/Sex
				12/15/2003	W/M
Address: (Address, City, State, Zip)					Home Phone Number
5142 N 72 St, Milwaukee, WI, 53218					
Employer					Work Phone Number
Employer Address					Cell Phone Number
					(414) 839-8658
SUMMARY On 08/23/17 at approx. 1630 hrs., Antonio EM McDowell M/W 12/15/2003, spoke to me at the substation about getting a dog bite by his arm/back area. Investigation revealed he was play fighting with another juvenile when Kelle Parker's dog (Zeke) bit him once. The dog's rabies was up to date. The rabies form and Dangerous Dog orders was issued. The dog is under house quarantine.					
Vehicle Information: (Year, Make, Model, Style, Color)					
License Number:	State:	Expiration Year:	Vin:	Insurance Company:	
Other Vehicle Information:				NCIC#	
Reporting Officer(s):			Payroll Number:	Payroll Number:	Report Date:
Mussatti, Kevyn			9906		08/23/2017
Time Received:	Time Cleared:	Unit(s) Assigned:	Pages:		
16:42:24	17:44:01	222, 223	1 Of 3		
Reviewed by:			Payroll Number	Copy To	
Clerical and Coding Manz, Tracy			9656		

Date: 08/23/2017

CFS Code-1: 7399G

Incident Report Number:

17-033343

West Allis Police Department**Continuation**

Incident Report Number

17-033343

Incident Location:

6900 W National Ave, West Allis, WI, 53214

Incident Date:

08/23/2017

NAMES**Offender**

Parker, Kelle Gwyn W/F-35 of 2067 S 78 St;WA, West Allis,WI,53219

DOB: 12/12/1981

HT: 504 WT: 178 Hair: Brown

Eyes: Green Complexion: Fair

Cell Phone: (414) 759-2955

NARRATIVE**INITIAL CALL**

On 08/23/17 at approx. 1630 hrs., Antonio EM McDowell, M/W 12/15/03, spoke to officers at the substation, 6900 W. National Ave., about a dog bite. He was accompanied by his father, Jason D. Scott, M/B 12/24/83.

CONTACT WITH ANTONIO EM MCDOWELL

See Officer Iskandarani's supplemental report.

CONTACT WITH JASON D. SCOTT

See Officer Iskandarani's supplemental report.

PHOTOS

See Officer Iskandarani's supplemental report.

CONTACT WITH KIONA L. PARKER-BEAN

While Officer Iskandarani was speaking with Antonio, other juveniles at the substation advised me the owner of the dog was sitting at a bench near S. 70 St./W. National Ave. I approached the female, identified as Kiona L. Parker-Bean, F/B 09/16/03. I asked her if she had a dog that was involved in a dog bite. She said it was her dog.

I asked Kiona to explain what happened. She said she was at the park with her sister and their dog, Zeke. While Zeke was on leash, she observed the victim, Antonio McDowell, "play fighting" with another juvenile. Zeke pulled away from Kiona, and she lost grip of his leash. He ran toward the two juveniles playing and

Reporting Officer(s):

Mussatti, Kevyn

ID Number

9906

ID Number

Pages:

2 Of 3

West Allis Police Department**Continuation**Incident Report Number
17-033343Incident Location:
6900 W National Ave, West Allis, WI, 53214Incident Date:
08/23/2017

bit Antonio once behind his arm. Kiona said her dog did it defensively, because he does not like when people get aggressive. She explained he did not bite him any further and there was nothing further.

I asked Kiona where Zeke was. She said her sister took Zeke home. She said her mother is also home. I gave Kiona a courtesy transport home to speak with her mother.

STATEMENT OF KELLE G. PARKER

Upon arrival at Kiona's residence, I spoke with her mother, Kelle G. Parker, F/W 12/12/81. I explained the incident to her, and she advised me the children were not given permission to take the dog to the park.

Kelle explained Zeke is a tan/black eight year old male shepherd hound mix. He was not licensed with the city, but had a Rabies tag from 2016, St. Paul Vet Clinic #163265.

DOG FORMS

I advised Kelle of the Dangerous Dog form and the Rabies form. She was advised the dog needs to be quarantined at home for 10 days. She was given copies of both forms.

All forms were e-mailed to Sgt. Borree and the Health Department.

CASE DISPOSITION

Kelle Parker's dog, Zeke, bit another juvenile at the park, while the juvenile was "play fighting" with someone.

Zeke was ordered to be quarantined at home. Zeke's owner, Kelle, was issued the Dangerous Dog form along with the Rabies form.

Reporting Officer(s):
Mussatti, KevynID Number
9906

ID Number

Pages:
3 Of 3

West Allis Police Department**Supplementary Report**

Incident Report Number: 17-033343	Incident Location: 6900 W National Ave, West Allis, WI, 53214	Incident Date: 08/23/2017
New Incident:	Original CFS Code - 1:	New CFS Code - 1 :
		New CFS Code - 2:

NAMES**Parent**

Scott, Jason D B/M-33 of 5142 N 72 St, Milwaukee, WI, 53218
DOB: 12/24/1983
Cell Phone: (414) 839-8658 Cell Phone: (414) 467-8137

Victim

McDowell, Antonio EM W/M-13 of 5142 N 72 St, Milwaukee, WI, 53218
DOB: 12/15/2003
Cell Phone: (414) 839-8658

NARRATIVE**PO ISKANDARANI REPORTS:****INITIAL INFORMATION:**

On 08/23/2017 at approx. 1630hrs, officers responded to Vets Park located at 6900 W National Ave to investigate a dog bite report. Upon arrival, I spoke with Jason D Scott M/B 12/24/1983.

STATEMENT - JASON D SCOTT (PARENT):

Jason advised he was in the Pick N Save grocery store shopping just east of Vets Park while his son, Antonio EM McDowell M/W 12/15/2003 played in the park. Jason stated Antonio ran and told him that he got bit by a dog while in the park. Jason advised he observed that Antonio had a laceration to his upper right arm near his arm pit. Jason stated he arrived at the substation with his son to report the injury and incident.

STATEMENT - ANTONIO EM MCDOWELL (VICTIM):

Antonio advised he was playing in the park with a friend when a large black and brown dog ran towards him and bit him. Antonio stated he was play fighting with his friend and the dog may have thought something else was going on. Antonio stated he suffered a laceration to his upper right arm. Antonio stated he advised he does not specifically know who owned the dog however he stated there have been problems with the dog in the park in the past.

Reporting Officer(s): Iskandarani, Alexander	Payroll Number: 9965	Payroll Number:	Report Date: 08/23/2017
Reviewed by: Pye, Nicholas	Payroll Number: 1832	Copy To:	Page: 1 Of 2

West Allis Police Department**Continuation**

Incident Report Number

17-033343

Incident Location:

6900 W National Ave, West Allis, WI, 53214

Incident Date:

08/23/2017

WAFD RESPONSE:

WAFD medical unit responded to assess the minor laceration to Antonio's upper arm area. I observed there was one small laceration approximately 1in in length that was bleeding. There also appeared to be teeth marks from the animal, one of which broke the skin and another two that were very slightly bleeding. The injury was consistent with Antonio's statement.

PHOTOGRAPHS:

- 1 - Overview of the victim showing his right arm and laceration / redness
- 2 - Close-up of the dog bite

The photographs were uploaded to Phoenix under the "Attachment" section for further review.

END OF SUPPLEMENT REPORT

Reporting Officer(s):

Iskandarani, Alexander

ID Number

9965

ID Number

Pages:

2 Of 2



SUBPOENA

CITY OF WEST ALLIS : ADMINISTRATIVE APPEALS REVIEW BOARD : MILWAUKEE COUNTY

STATE OF WISCONSIN)
) ss
COUNTY OF MILWAUKEE)

RECEIVED
OCT 18 2017
WEST ALLIS
CITY ATTORNEY

THE STATE OF WISCONSIN TO:

KIONA PARKER-BEAN
C/O KELLE PARKER
2067 South 78th Street, Lower
West Allis, Wisconsin 53219

PURSUANT TO SECTION 805.07 OF THE WISCONSIN STATUTES, you are hereby
commanded to appear in person before the West Allis Administrative Appeals Review Board,
7525 West Greenfield Avenue, Room 128, West Allis, Wisconsin, on the **30th** day of **October**
2017, at **4:00 p.m.**, to give evidence in the matter of the appeal of the Dangerous Dog Order of
Zeke, owner Kelle Parker. Failure to appear may result in punishment for contempt which may
include monetary penalties, imprisonment and other sanctions.

Issued this 26th day of September, 2017.

CITY OF WEST ALLIS



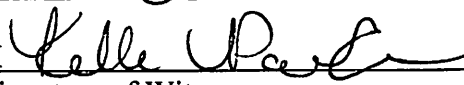
Nicholas S. Cerwin, Assistant City Attorney

P.O. Address:

7525 West Greenfield Avenue
West Allis, Wisconsin 53214
414/302-8450

Service admitted this 13th day of

October, 2017.

x 
Signature of Witness

SUBPOENA
CITY OF WEST ALLIS : ADMINISTRATIVE APPEALS REVIEW BOARD : MILWAUKEE COUNTY

STATE OF WISCONSIN)
) ss
COUNTY OF MILWAUKEE)

COPY

THE STATE OF WISCONSIN TO:

KIONA PARKER-BEAN
C/O KELLE PARKER
2067 South 78th Street, Lower
West Allis, Wisconsin 53219

RECEIVED
OCT 18 2017
WEST ALLIS
CITY ATTORNEY

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Issued this 26th day of September, 2017.

CITY OF WEST ALLIS



Nicholas S. Cerwin, Assistant City Attorney

P.O. Address:
7525 West Greenfield Avenue
West Allis, Wisconsin 53214
414/302-8450

Service admitted this 13th day of
October, 2017.

X



Signature of Witness



City Attorney's Office

Scott E. Post
City Attorney

Sheryl L. Kuhary
Jenna R. Merten
Nicholas S. Cerwin
Assistant City Attorneys

September 26, 2017

Kiona Parker-Bean
C/O Kelle Parker
2067 South 78th Street, Lower
West Allis, Wisconsin 53219

Re: Matter of the Appeal of the Dangerous Dog Order of Zeke, owner,
Kelle Parker

Dear Ms. Parker:

Enclosed please find an original and one copy of a subpoena for Kiona Parker-Bean to testify as a witness in regard to the above referenced case. Please have her sign and date the original and return it to this office in the enclosed, self-addressed, stamped envelope. The copy may be retained for your records.

If you have any questions, please feel free to contact me. Thank you for your cooperation in this matter.

Very truly yours,

Nicholas S. Cerwin
Assistant City Attorney

Enclosures

SUBPOENA
CITY OF WEST ALLIS : ADMINISTRATIVE APPEALS REVIEW BOARD : MILWAUKEE COUNTY

STATE OF WISCONSIN)
) ss
COUNTY OF MILWAUKEE)

THE STATE OF WISCONSIN TO:

KIONA PARKER-BEAN
C/O KELLE PARKER
2067 South 78th Street, Lower
West Allis, Wisconsin 53219

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Issued this 26th day of September, 2017.

CITY OF WEST ALLIS



Nicholas S. Cerwin, Assistant City Attorney

P.O. Address:
7525 West Greenfield Avenue
West Allis, Wisconsin 53214
414/302-8450

Service admitted this _____ day of

_____, 2017.

X _____
Signature of Witness



City Attorney's Office

Scott E. Post
City Attorney

Sheryl L. Kuhary
Jenna R. Merten
Nicholas S. Cerwin
Assistant City Attorneys

September 26, 2017

Jason Scott
5142 North 72nd Street
Milwaukee, Wisconsin 53218

Re: Matter of the Appeal of the Dangerous Dog Order of Zeke, owner,
Kelle Parker

Dear Mr. Scott:

Enclosed please find an original and one copy of a subpoena for you to testify as a witness in regard to the above referenced case. Please sign and date the original and return it to this office in the enclosed, self-addressed, stamped envelope. The copy may be retained for your records.

If you have any questions, please feel free to contact me. Thank you for your cooperation in this matter.

Very truly yours,

Nicholas S. Cerwin
Assistant City Attorney

Enclosures

SUBPOENA
CITY OF WEST ALLIS : ADMINISTRATIVE APPEALS REVIEW BOARD : MILWAUKEE COUNTY

STATE OF WISCONSIN)
) ss
COUNTY OF MILWAUKEE)

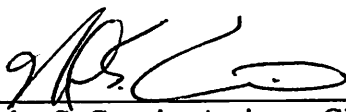
THE STATE OF WISCONSIN TO:

JASON SCOTT
5142 North 72nd Street
Milwaukee, Wisconsin 53218

PURSUANT TO SECTION 805.07 OF THE WISCONSIN STATUTES, you are hereby commanded to appear in person before the West Allis Administrative Appeals Review Board, 7525 West Greenfield Avenue, Room 128, West Allis, Wisconsin, on the **30th day of October 2017, at 4:00 p.m.**, to give evidence in the matter of the appeal of the Dangerous Dog Order of Zeke, owner Kelle Parker. Failure to appear may result in punishment for contempt which may include monetary penalties, imprisonment and other sanctions.

Issued this 26th day of September, 2017.

CITY OF WEST ALLIS



Nicholas S. Cerwin, Assistant City Attorney

P.O. Address:
7525 West Greenfield Avenue
West Allis, Wisconsin 53214
414/302-8450

Service admitted this _____ day of

_____, 2017.

X _____
Signature of Witness