



TERI LEHRKE, WCPC, City Clerk

**400 LA CROSSE STREET
LA CROSSE, WISCONSIN 54601
PHONE (608) 789-7510
FAX (608) 789-7552
www.cityoflacrosse.org**

October 15, 2019

Robert A. Haines
1617 Nakomis Ave
La Crosse WI 54603

Re: Resolution approving right-of-way vacation located at Decorah Place.

Enclosed herewith is a copy of the above Resolution which was adopted by the Common Council of the City of La Crosse on October 10, 2019.

Also enclosed is an invoice in the amount of \$250.00 representing one-half (1/2) of the administrative fee in connection with this vacation. Please prepare a check payable to the City Treasurer and mail it to my office with the remit slip.

Following payment of the administrative fee, a certified copy of the Resolution will be delivered to the Register of Deeds for recording.

If you have any questions regarding this matter, please do not hesitate to contact me at the telephone number or email below.

Thank you.

Sincerely,

Nikki M. Elsen
Deputy City Clerk
(608) 789-7555
elsenn@cityoflacrosse.org
www.cityoflacrosse.org

enc.

Cc: Leslie J. Shumann



City of La Crosse

400 La Crosse Street
La Crosse, WI 54601-3396
<http://www.cityoflacrosse.org>

INVOICE
Customer Copy

CUSTOMER	INVOICE DATE	INVOICE NUMBER	AMOUNT PAID	DUE DATE	INVOICE TOTAL DUE		
HAINES, ROBERT A	10/15/2019	168376	\$0.00	10/25/2019	\$250.00		
DESCRIPTION	QUANTITY	PRICE	UOM	ORIGINAL BILL	ADJUSTED	PAID	AMOUNT DUE
220 GENERAL REVENUE MISCELLANEOUS	1.00	\$250.00	EACH	\$250.00	\$0.00	\$0.00	\$250.00
220 GENERAL REVENUE MISCELLANEOUS							
G/L ACCOUNT SUMMARY							
	Organization		Object		Project		GL Amount
	1004004		489000				\$250.00
Invoice Total:						\$250.00	

ADMIN FEES FOR ROW VACATION - DECORAH PLACE

✂ DETACH AND RETURN THE PORTION BELOW WITH YOUR PAYMENT ✂

Promptly Send Payment To:



City of La Crosse

400 La Crosse Street
La Crosse, WI 54601-3396
<http://www.cityoflacrosse.org>

402047
HAINES, ROBERT A
1617 NAKOMIS AVE
LA CROSSE, WI 54603

INVOICE

Remit Portion

Invoice Date	10/15/2019
Invoice Number	168376
Customer Number	402047
Amount Paid	\$0.00
Due Date	10/25/2019
Invoice Total Due	\$250.00

Please write your Account Number on your check and
enclose this portion of the bill with your payment.
Make checks payable to: City of La Crosse





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1611 Nakomis Ave
La Crosse WI 54603

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INVOICE
 Customer Copy

CUSTOMER	INVOICE DATE	INVOICE NUMBER	AMOUNT PAID	DUE DATE	INVOICE TOTAL DUE		
LESLIE J SHUMANN	10/15/2019	168377	\$0.00	10/25/2019	\$250.00		
DESCRIPTION	QUANTITY	PRICE	UOM	ORIGINAL BILL	ADJUSTED	PAID	AMOUNT DUE
220 GENERAL REVENUE MISCELLANEOUS	1.00	\$250.00	EACH	\$250.00	\$0.00	\$0.00	\$250.00
220 GENERAL REVENUE MISCELLANEOUS							
G/L ACCOUNT SUMMARY							
	Organization	Object	Project	GL Amount			
	1004004	489000		\$250.00			
Invoice Total:					\$250.00		

ADMIN FEES FOR ROW VACATION - DECORAH PLACE

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Promptly Send Payment To:



City of La Crosse
 400 La Crosse Street
 La Crosse, WI 54601-3396
<http://www.cityoflacrosse.org>

INVOICE
 Remit Portion

Invoice Date	10/15/2019
Invoice Number	168377
Customer Number	198052
Amount Paid	\$0.00
Due Date	10/25/2019
Invoice Total Due	\$250.00

198052
 LESLIE J SHUMANN
 1611 NAKOMIS AVE
 LA CROSSE, WI 54603

Please write your Account Number on your check and
 enclose this portion of the bill with your payment.
 Make checks payable to: City of La Crosse

