CITY OF WAUWATOSA

7725 W. North Avenue Wauwatosa, WI 53213

NOTICE OF CIRCUMSTANCES OF CLAIM

Name: <u>GP Wisconsin, LLC</u> Address: <u>2545 N. Mayfair Road Wauwatosa, W</u>I 53226

Phone: <u>414-273-4600</u> Email: alee@midamericagrp.com

Incident/Accident Information

Date:	11/25/2023	
Time:	12.:36 pm	
Place:		
2545 N	N. Mayfair Road Wauwatosa, WI 53	226

CIRCUMSTANCES OF CLAIM

In the space below briefly describe the circumstances of your claim. (Attach additional sheets, if necessary.) For auto damages, attach a copy of police report, if any, and a diagram of the accident scene indicating north, south, east or west corners if the accident occurred at an intersection. For bodily injury, indicate nature of injury, whether or not medical attention was given and the name of the treatment provider. Identify any witnesses to the incident/accident.

Damage was caused by a Fire Truck running over landscape areas, curbs, and asphalt located

at a property we manage. Attached is the Police Report, photos of the damaged to the property

we manage, 2545 N. Mayfair Rd. Also, attached is an invoice for the curb damage clean up and

proposal to make the repairs caused by the Wauwatosa Fire Truck.

Signed:

as agent for owner of 2545 N. Mayfaird Rd. Date: 12/12/23

CLAIM

<u>NOTE</u>: You are not required to make a claim at this time. As long as you have filed the above Notice of Circumstances of Claim you may file a claim with the City at any time consistent with the applicable statute of limitations. However, in order for the City to formally accept or deny your claim at this time, the following claim must be completed and signed.

The undersigned hereby makes a claim against the City arising out of the circumstances described above in the amount of $\frac{6,462.50}{2}$.

To process this claim it is necessary to detail all damages being sought.

Signed:	Authorizes	as agent for owner of 2545 Mayfaird Rd.	Date:	12/12/23		
-	1	nkinton Ave., Suite 301, Milwau	ukee, W	1 53203		

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash	Document #	Agency	Crash Number	Investigating PATROLN			ADE
F7	Crash Date 11/25/2023	Crash Time 12:36 PM		Date A 11/25/		Time Arrived	ł		
1RL18VN1	Date Notified 11/25/2023	Time Notified 12:38 PM		Total U 02	nits	Total Injured 01		Total Killed	1
18	✓ On Emergency Hit	t and Run	Lane Closu	ure	Work Zone		or To	owed	Reporting Threshold
1RI	Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags			
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	I)			led		Secondary Crash
	Description						Reco	onstruction	Bv
							Phot WA	tos By DE	
	2500 block N. Mayfair Rd		Net Dra Vehica #23-031	wn to Scale Positions Appr a Police Dep 850	ximate artment			itional Inforr	nation
	✔ I, a sworn law enforceme ON 11/25/2023 AT APPROX 12:36 F WITNESS STATEMENTS, U2 WAS	PM, U1 AND U2 W	ERE INVOLVED IN		R VEHICLE CRASH . BA	SED ON STATEME			
	CELL PHONE AND "NOT PAYING A A RED TRAFFIC LIGHT, AND WAS WITH LIGHTS / SIREN ACTIVATED PULLING OUT BUT COULDN'T STO	ATTENTION" WHE STRUCK BY THE AND HAD A GRE OP AND COLLIDEE	N A VEHICLE NEAF FIRE TRUCK. DRIV EN TRAFFIC SIGNA WITH U2. AFTER	RBY HON /ER OF F AL DUE T THE CRA	KED THEIR HORN. U2 D IRE TRUCK STATED HE O THE OPTICOM CONT	RIVER PULLED C WAS TRAVELING ROLLER CHANGIN STOP BUT COUL	UT IN N/B II NG TRA DN'T A	TO TRAFFIC N LANE 1 IN AFFIC LIGH AND EVENT	C TO TURN S/B, AGAINST N EMERGENCY MODE ITS. HE SAW U2 START TUALLY STRUCK A CURB

23-031850

WISCONSIN MOTOR VEHICLE CRASH REPORT

Loca	ation									
INTE	RSECTION					Latitude			Longitud	de
	STH100 NB					43.06415	50914		-88.047	7649743
	STH100 NB HE CITY OF WAUWA	TOSA				X Coordin	ate		Y Coord	
	ILWAUKEE COUNTY					414696.3	34375		476847	/1
						Structure Type NO STRUCTURE				
Cras	sh Scene									
_	Harmful Event					First Harm	nful Event L	ocation		
	OR VEH IN TRANSP	ORT				ON ROA		ocation		
Mann	er of Collision					Light Con	dition			
01 - /	ANGLE					DAYLIG	нт			
Road	Surface Condition(s)					Roadway	Factor(s)			
DRY										
Enviro	onment Factor(s)									
NON	E					NONE				
Weather Condition(s)										
CLE	AR									
Anima	al Type					Relation T	o Trafficwa	у		
							CWAY - O			
	Classification - Location							Jurisdiction		
Tribal	LIC PROPERTY			NO SPECIAL Access Control				ISDICTION	Special Study	
				NO			TROL			
	n Interchange Area	Junction Location			Intersectio					
NO	re Type	INTERSECTION		Boood	ons for Clos		(SECTIO	N		
		ON		Rease		uie				
	Initial Lane/Rd Closed	Time Initial Lane/Rd C	Closed	LAW	ENFORC	EMENT. T		CK, FIRE/EN	IS	
11/25	5/2023	12:36 PM				,		- , -	-	
Date /	All Lanes Open	Time All Lanes Open		Date Scene Cleared			Time Scene Cleared			
	5/2023	03:26 PM		11/25	5/2023		03	:26 PM		
	Summary							-		
Unit S				Vehicle Operating As C		Classification		Unit Type		
-	EMERGENCY le Type		DC	D CLASS				TRUCK Operating A	o Endorado	monto
		ENCY						Operating A	S ENUOISE	ments
Total		Train/Bus # Recorded	Tota	al # Cita	tions Issued		Total Trai	lers	Total Haz	zMat Types
4			0				0		0	
Insura	ance?	Direction Of Travel		Pre	CrashTire	•	Speed Lir	nit	Total Lan	es
YES		NORTHBOUND			Mark		40		3	
	Harmful Event: Collision '			cial Fun E TRU				Emergency EMERGE		iicle Use ERATION, EMERGEN
	Traffic Way				rol			Traffic Cont	rol Inopera	tive/Missing
DIVID	DIVIDED HWY W/O TRAFFIC BARRIER			AFFIC	SIGNAL			NO		
Surfac	Surface Type			d Curva	ature			Road Grade	•	
	CKTOP (BITUMINOU	S)	ST	RAIGH	Т			LEVEL		
Truck	Bus or HazMat									
	/ehicle									
	License Plate Number		Pla	te Type			St	Country of Is	suance	
	94251				UNICIPAL		wi	UNITED ST		
	Vehicle Identification Nur	mber	Ма	ke			Year	Model		
0	4P1BCAGF0GA0165	96	PI	ERCE	MFG INC		2016	NO DATA		

5

UNIT

2

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23-031850

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style		Bus Use	
		RED - RED		FT - FIRE TRUCK			
╘	Щ	Initial Contact Point	NED	Vehicle Damage			7 8 9 10 11
UNIT	P	01 - RIGHT FRONT COR	NER	01 - RIGHT FRONT			6 12
	VEHICLE	DISABLING DAMAGE		FRONT, 03 - RIGHT	SIDE MIDDLE, 12	- FRONT	5 4 3 2 1
	>	Towed Due To Damage		Vehicle Removed By			
		TOWED DUE TO DISABL	ING DAMAGE	,			
		What Driver Was Doing		Vehicle Factors			
		GOING STRAIGHT					
		Driver Prior Action Other		NOT APPLICABLE			
		Driver Actions					
		Driver Actions NO CONTRIBUTING ACT	ΓΙΟΝ				
E	VEHICLE		-				
UNIT	Ξ						
	Ч						
	-						
		Owner Name		Owner Address			
2	6	WAUWATOSA FIRE DEP (414) 471-8490	ARIMENI	1601 UNDERWO WAUWATOSA,			
	U			,	,		
		Sequence Of Events					
		Event					
	6	MOTOR VEH IN TRANSP	PORT				
	02	Event CURB					
		Event					
	03	CURB					
	04	Event					
⊢		Policy Holder					
UNIT		Insurance Company		Government			
		SELECT-INS-CO		WAUWATOSA FI	RE DEPARTMENT		
	l	Individual					
		Driver MICHAEL J KUHAGEN		Citations Issued 0	Sex MALE		
	AL	(414) 471-8490		Date of Birth	Race		
	DUAL			Date of Birth	WHITE		
N.	INDIVI	Address		Driver License Numb	ber		
	P	10525 W WATERTOWN F					
	=	WAUWATOSA, WI 53226	, 03				
			u Crook				
	Sat		ty Crash FIGHTER	Safety Equipment			
		Row	Seat Position	SHOULDER & LA	AP BELT		
		01 - FRONT ROW	07 - LEFT				
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
01	001	Injury S		Airbag			
	õ			NON DEPLOYED			
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT	APPI ICABI F		Trapped/Extricated NOT TRAPPED	
		Medical Transport		EMS Agency Identifi	er	EMS Run #	
		NOT TRANSPORTED					
ı Wisco	nsin l	L Motor Vehicle Crash	This	report does not include any	CJIS data.	Crash Date	11/25/2023

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Hospital				Date of Death		Time of Death		
		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)								
		Distracted By Action NOT DISTRACTED								
		Non Motorist	Striking Unit	#	Location					
		Prior Action								
- j		Action								
	AL									
UNIT	INDIVIDUAL									
2										
	=									
		Action Other							To/From School	
			Suspected A	Alcohol Us	e	Suspected Drug Use				
	L	Drug & Alcohol	0			NO				
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	<u> </u>		
2	001	Drug Type								
		Individual Condition								
		APPEARED NORM	AL							
		ndividual								
		Passenger CONOR P QUINLE	/ΔΝ			Citations Issued Sex				
	IAL	(414) 471-8490				0 Date of Birth	MALE Race			
⊑∣	DIVIDUAL					WHITE				
		Address 10525 W WATERTO				Driver License Number				
	N	WAUWATOSA, WI 5	53226 , U	S						
			On Duty Cra	ish		Safety Equipment				
	Saf	ety Equipment	FIRE-FIGH							
		Row 01 - FRONT ROW		Seat Pos 09 - RIC		SHOULDER & LAP	DELI			
		Helmet Use				Helmet Compliance				
		Eye Protection				Tint Compliance				
2	002	Injury	njury Sever	ity		Airbag				
	0	Ejected	NO APPAI	RENT IN	JURY	NON DEPLOYED		Trapped/Extricated		
		NOT EJECTED			TED/NOT APPL			NOT TRAPPED		
		Medical Transport NOT TRANSPORTE	ED			EMS Agency Identifier		EMS Run #		
		Hospital				Date of Death		Time of Death		
					This report	does not include any C I		Crash Data	11/25/2023	

		Distracted By	stracted By Source	•					
		Distracted By Action							
	L	Non Motorist	iking Unit #	Location					
		Prior Action		I					
j		Action							
	Ļ								
Е	INDIVIDUAL								
UNIT									
	IN								
	ľ	Action Other						To/From School	
	l	Su	spected Alcohol U	se	Suspected Drug Use				
	L	Drug & Alcohol No	0		NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results		
	·	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Result	S		
-	2	Drug Type							
2	002								
	ľ	Individual Condition							
		APPEARED NORMAI	L						
	l	ndividual							
	[Passenger SHEA E ABERNATH	,		Citations Issued	Sex MALE			
	JAL	(414) 471-8490			Date of Birth	Race			
LINU		Address							
5		10525 W WATERTOW			Driver License Numb	ei			
	=	WAUWATOSA, WI 53	226,US						
		On	Duty Crash		Safety Equipment				
	Sat	ety Equipment Fi			SHOULDER & LA				
		Row 02 - SECOND ROW	Seat Po 07 - LE		SHOULDER & LA				
		Helmet Use			Helmet Compliance				
	-	Eye Protection			Tint Compliance				
_	ຕ	Inji	ury Severity		Airbag				
5	003		O APPARENT I		NON DEPLOYED				
		Ejected NOT EJECTED	Ejection Pa	th CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport	Į		EMS Agency Identifie	er	EMS Run #		
		NOT TRANSPORTED Hospital)		Date of Death		Time of Death		
		-							
		Distracted By	stracted By Source	9					

		Distracted By Action						
		Non Motorist	Unit #	Location				
		Prior Action						
		Action						
		/ Cuon						
	Ļ							
	Π							
UNIT	D							
5								
	INDIVIDUAL							
	-							
		Action Other						To/From School
		Drug & Alcohol NO	ed Alcohol L	se	Suspected Drug Use			
		Alcohol Test Given					Alcohol Test Results	
		TEST NOT GIVEN		Alcohol Test Type			AICONOL LESI RESUITS	
		Drug Test Given		Drug Test Type		Drug Test Results		
		TEST NOT GIVEN		2.03.000.000		Drug rest results		
_	3	Drug Type						
2	003							
		Individual Condition						
		APPEARED NORMAL						
	1	Individual						
		Passenger			Citations Issued	Sex		
	Ļ	ALEC R RANDOW (414) 471-8490			0	MALE		
	INDIVIDUAL	(+1+) +/ 1-0+30			Date of Birth	Race WHITE		
UNIT		Address			Driver License Numb			
5	D	10525 W WATERTOWN P	LANK RD		Driver License Numbe			
	N	WAUWATOSA, WI 53226	, US					
		On Duty	Crash		Safety Equipment			
	Saf	fety Equipment FIRE-F	IGHTER					
		Row	Seat Po	sition	SHOULDER & LA	P BELT		
		02 - SECOND ROW	09 - RI	GHT				
		Helmet Use			Helmet Compliance			
		Eye Protection			Tint Compliance			
	+	Injury Se	wority		Airbag			
9	004	1	PARENT I		NON DEPLOYED			
	-	Ejected	Ejection Pa				Trapped/Extricated	
		NOT EJECTED	-	CTED/NOT APPL	ICABLE		NOT TRAPPED	
		Medical Transport			EMS Agency Identifie	r	EMS Run #	
		NOT TRANSPORTED						
		Hospital			Date of Death		Time of Death	
		Distracted By	ed By Source	2				
		Distracted By Action						
		Distracted by ACIION						

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motorist	iking Unit #	Location				
		Prior Action						
		A						
		Action						
	AL							
E	INDIVIDUAL							
UNIT	N							
	ND							
		Action Other						To/From School
	l	Drug & Alcohol	spected Alcohol L)	Jse	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given		Drug Test Type		Drug Test Resu	lts	
		TEST NOT GIVEN				•		
2	004	Drug Type						
	Ū							
		Individual Condition						
		APPEARED NORMA	L					
I	Uni	t Summary						
	Unit	Status			ehicle Operating As Classi	fication	Unit Type	
		RANSIT		D	CLASS		AUTOMOBILE Operating As Endors	ements
03		SSENGER CAR						
	Tota 1	l Occs	Train/Bus # Re	corded To	otal # Citations Issued	Total Tra 0	ailers Total H	azMat Types
		rance?	Direction Of Tr		Pre CrashTire	Speed L		anes
E	YES		WESTBOUN		Mark	25	2	
UNIT		t Harmful Event: Collision \ TOR VEH IN TRANSP(pecial Function IO SPECIAL FUNCTIO	N	Emergency Motor Vehicle Use NOT APPLICABLE	
		ic Way			raffic Control		Traffic Control Inope	rative/Missing
		D-WAY, NOT DIVIDED ace Type			RAFFIC SIGNAL oad Curvature		NO Road Grade	
	BLA	CKTOP (BITUMINOU	S)		TRAIGHT		LEVEL	
	Truc NO	k Bus or HazMat						
		Vehicle						
		License Plate Number		F	Plate Type	St	Country of Issuance	
					AUT - AUTOMOBILE	WI	UNITED STATES	
8	02	Vehicle Identification Nur	nber		Make NISSAN	Year 2007	Model ALT	
	Color				Body Style	2001	Bus Use	
		SIL - SILVER (ALUM	NUM)		SD - SEDAN			
–	Ľ	Initial Contact Point 10 - LEFT SIDE FROI	NT		/ehicle Damage			7 8 9 10 11
UNIT	VEHICLE	Extent Of Damage			15 - ALL AREAS			6 6 6 12
					5 4 3 2 1			5 4 3 2 1
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE				/ehicle Removed By N & S TOWING			

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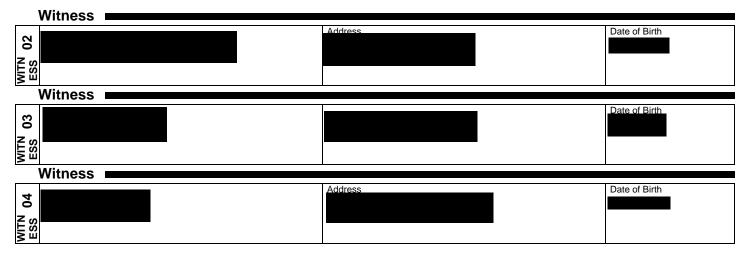
		What Driver Was Doing		N	/ehicle Factors			
		LEFT TURN						
		Driver Prior Action Other			NOT APPLICABLE			
		Driver Actions						
	ш		OF-WAY, DIS	REGARDED	RED LIGHT, OPERAT	TED MOTOR VEH	ICLE IN INATTENTIVE, CARELES	SOR
⊢	VEHICLE	ERRATIC MANNER			,			
UNIT	IIC							
	击							
	>							
		Owner Name			Owner Address			
02	02	ALFREDO RIVERA JR						
0	0							
	ļ	Sequence Of Events						
		Event						
	01	MOTOR VEH IN TRANSPO	RT					
	••	Event						
	02							
		Event						
	03	Event						
		Fuent						
	04	Event						
⊢	I	Policy Holder						
UNIT		Insurance Company			Individual			
)		HARTFORD-UNDERWRITE	ERS-INS-CO		ALFREDO RIVERA	4		
		ndividual			-			
		Driver			Citations Issued Sex			
		ALFREDO RIVERA JR			3	MALE		
	AL				Date of Birth	Race		
	INDIVIDUAL				HISPANIC			
UNIT		Address			Driver License Number			
5	D	Address			Driver License Numbe			
	N							
		On Duty (Trash		Safety Equipment			
	Saf	fety Equipment	518511					
	l				SHOULDER & LAF			
		Row 01 - FRONT ROW	Seat Position 07 - LEFT		SHOULDER & LAP	DELI		
			V/ - LEFI		Lielmet Compliance			
		Helmet Use			Helmet Compliance			
					T (0)			
		Eye Protection			Tint Compliance			
			(orib)		Airbox			
02	005	Injury Sev Injury POSSIB			Airbag			
_	0				DEPLOYED-COME	SINATION	Treesed/Eveniesed	
			Ejection Path				Trapped/Extricated	
			NOTEJECT	ED/NOT APPI				
		Medical Transport			EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTED						
		Hospital			Date of Death		Time of Death	
		Distracted Bu	d By Source					
		Distracted By HAND-H		E PHONE				
		Distracted By Action						
		MANUALLY OPERATING			NG GAME ETC)			
		Striking L Non Motorist	Init # Lo	ocation				
							Crack Data 11/2E/202	

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action							
		Action							
	AL								
UNIT	INDIVIDUAL								
5	DIV								
	Z								
		Action Other							To/From School
			0						
	L	Drug & Alcohol	Suspected Alcol	U IOI	se	Suspected Drug Use			
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type	3		Alcohol Test Results	
		Drug Test Given			Drug Test Type		Drug Test Results	;	
02	005	Drug Type			<u> </u>		<u> </u>		
	•	Individual Condition							
			ΛΔI						
		Violations UTC Number	Issue To?	Stat	ute Number	Description			
	01	BJ384442	005	346	6.19(1)	FAIL/YIELD TO STO	P FOR EMERGE	ENCY VEHICLE	
	02	UTC Number BJ384443	Issue To? 005	Stat 346	ute Number 5.89(1)	Description INATTENTIVE DRIV	ING		
	03	UTC Number BJ384444	Issue To? 005	Stat 346	tute Number 5.37(1)(c)1	Description OPERATOR VIOLA	TE RED TRAFFI	CLIGHT	
	1	perty Owner							
۳. 2	WIS	CONSIN DEPT OF 2) 548-5903	TRANSPORTA	TIO		Address 141 NW BARSTOW S PO BOX 798	т		
PROP OWNER						WAUKESHA, WI 5318	8,US		
	Fixe	d Objects Stru							
	0	- J - I	uck Object JRB					Structure Number	Damage Tag Number 0
	Pro	perty Owner							
02	Orga	nization/Company -AMERICA REAL E	STATE GROU	Р		Address 2543 N MAYFAIR RD	226 116		
PROP OWNER	(414) 273-4600				WAUWATOSA, WI 532	226 , 05		
	Fixe	d Objects Stru							
	02	U	uck Object JRB					Structure Number	Damage Tag Number 0
	Witı	ness							
01						Address			Date of Birth
WITN (ESS									
М									

23-031850



BUILDING SERVICES	Mid-America Building Services Wisconsin 600 N Plankinton Ave #301 Milwaukee, WI 53203 P: (414) 273-4600	Pro	posal EST#00309
Customer:	Mid America Asset Management	Quote Generated On:	12/11/2023
Location:	2545 Mayfair 2545 N Mayfair Rd Wauwatosa, Wisconsin, United States 53226	Quote Provided By:	Nicole Miller NMiller@mabldgservices.com
Service:	Curb and Landscape Repair	Customer WO#:	TBD

Description

Remove damaged section of curb in two areas (one alongside drive lane, the other a "U" shaped end of an island bed, form and pour new curb.

Level soil, seed and cover damaged turf

Purchase and install (2) Wintercreeper, (1) Blue Dune Lyme Grass and (2) Appleblossom Groundcover Roses to replace plants damaged in accident (Spring 2024) Includes watering of newly installed plants 2x weekly for 6 weeks until established.

Remove and replace section of asphalt damaged by oil spill

Cost Details - Proposed

Cost Type	Item	Qty/Hrs	Unit Price	Price
Curb Repair		1	\$3300.00	\$3300.00
Turf Repair		1	\$425.00	\$425.00
Landscape Repair and Watering		1	\$1150.00	\$1150.00
Asphalt replacement		1	\$1450.00	\$1450.00
		Sub Total		\$6325.00
		Proposed Total		\$6325.00

Terms & Conditions

- Unless noted otherwise, no permits, bonds, fees, engineering, layout, surveying or as-built drawings are included with or a part of this proposal. If permits or other municipal licenses are required, reasonable expediting fees may apply and all fees associated with obtaining licenses are reimbursable.
- Additional mobilizations required due to reasons beyond our control or weather, may result in additional charges.
- If any amount due under this contract is not paid when due, referred to any attorney for collection (whether or not litigation is commenced), or if any legal advice, services or actions shall be necessary, Owner/Contractor agrees to pay for all attorney's fees, costs and expenses incurred in connection with collecting monies owed.
- Payment Terms & Conditions: Payment shall be made within (30) days of customer's receipt of invoice.
- A finance charge of 1.5% per month will be charged on past due invoices.

Approval

Signature:

MA Building Services

600 N Plankinton Ave Suite 301 Milwaukee, WI 53203 (262)722-3601 Wlaccounting@mabldgservices.com





INVOICE

BILL TO	INVOICE	4850
2545 Mayfair Rd	DATE	12/11/2023
c/o Mid America Real Estate Group	TERMS	Net 30
600 N Plankinton Ave # 301	DUE DATE	01/10/2024
Milwaukee, WI 53203		

DATE	DESCRIPTION		QTY	RATE	AMOUNT
12/05/2023	Clean up chunks of damaged curb, sweep up dirt/debris, and cover oil spill with absorber		1	137.50	137.50
): Iding Services Wisconsin, LLC ived by due date will incur a 1.5% late fee.	BALANCE DUE			\$137.50

Pay invoice







THE VITAMIN SHOPPE



2545

mit law

There of





