



DATE: May 21, 2021
TO: Board of Review
FROM: Village Clerk Luedtke
RE: Current Claims

On January 22, 2021, we received two claims for excessive assessments for the following:

1. PLANK ROAD INVESTMENTS; 13500 WATERTOWN PLAN ROAD
2. MILL PLACE INVESTMENTS; 13402 WATERTOWN PLAN ROAD

They have been assigned claim numbers:

- WM000671220093 – 13500 WTP Rd
- WM000671220094 – 13402 WTP Rd

We were directed to send out a notice of disallowance after the 90 day period of time lapsed. This brought us to the end of April. Action to recover on a disallowance claim is 90 days from the date of service of the notice of disallowance. Mail receipts dated April 29th are below:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: MILL PLACE INVESTMENTS LLC PO BOX 2018 MADISON WI 53701		B. Received by (Printed Name) Bob Darnell	C. Date of Delivery APR 29 2021
2. Article Number (Transfer from service label) 7012 3460 0000 6213 4401		D. Is delivery address different from item 1? If YES, enter delivery address below. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Plank Rd Investments LLC PO Box 2018 Madison WI 53701		B. Received by (Printed Name) Bob Darnell	C. Date of Delivery APR 29 2021
2. Article Number (Transfer from service label) 7012 3460 0000 6213 4418		D. Is delivery address different from item 1? If YES, enter delivery address below. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	