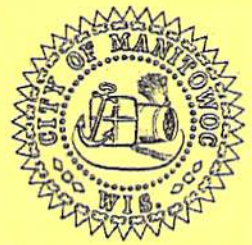




CITY OF MANITOWOC

WISCONSIN, USA

www.manitowoc.org



September 14, 2020

Gema Garcia & Esteban Vargas
2353 Samantha St.
De Pere, WI 54115

Re: Abatement of Nuisance

Dear Gema & Esteban:

This notice is to inform you that your property at 1114 S. 12th St. in Manitowoc, WI has had a Parks Forestry Assessment in 2020. The proposed assessment for the work done is \$300.00.

There will be a public hearing at the October 19, 2020 Common Council meeting at 6:30 p.m. in the Council Chambers for hearing any objections to the proposed assessments.

If you object to the assessment, please plan to attend this meeting and speak your objection during the public hearing portion of the meeting.

If you have any questions concerning this matter, please call me at (920) 686-6950.

Very Truly Yours,

Deborah Neuser
City Clerk

DN:mrk

Deborah Neuser, CMC, City Clerk
CITY HALL · 900 Quay Street · Manitowoc, WI 54220-4543
Phone (920) 686-6950 · Fax (920) 686-6959 · dneuser@manitowoc.org

Parks Forestry Service Request Form



Issue #9758 Date to re-check: 11-15-2019

Request Date: 10/14/2019 12:00:00 AM	Initial inspection date: 09-27-2019
Location: 1114 S 12TH ST	Inspector: AL R.
Parcel Number: 000289081	Public: _____ Private: <u>X</u>
Owner Name: GEMA GARCIA	Action (choose one): Completed by owner Date owner contacted: <u>10-14-2019</u>
Owner Address: 2353 SAMANTHA ST , WI 54115	Form of contact completed: Door hanger Phone E-mail <u>Letter</u>
E-mail Address:	

Complaint: Please send a 30 day notice to abate 2 dead Ash trees located @ 1114 S 12th St. Owner shall do a complete removal of both trees.

Tree ID: _____ Category: _____ Circle: *No Action · Remove · Trim* Trim date: _____ Remove date: _____

Tree ID: _____ Category: _____ Circle: *No Action · Remove · Trim* Trim date: _____ Remove date: _____

Species: _____ DBH: _____

Condition of tree: _____ Wires present: _____

Notes & job site assessment: _____

Private property owner to get 30 days from date of letter to comply. Send stump letter? _____

COMPLY INSP DATE	EMP INITIALS	COMPLIANCE YES OR NO	LABORER NAME	LABOR HRS	EQUIP #	EQUIP HRS	DATE BILLED	MINIMUM CHARGE	ADDITIONAL CHARGES
4/17/20	A.R.	NO		1 1/2				\$300	

Return doorhanger or form to DPI within 21 days of initial visit/action so notes can be recorded in Code & Contact. Return form again when issue complete.







