| 1699 R4E | A | PPROI | | | SFER RE | QUEST | | FISCAL YEAR 2018 | AR DEPT. NO. INSTRUCTIONS: REFER TO MILW. COUNTY ADMINISTRATIVE MANUAL SECTION 4.05 FOR INSTRUCTIONS ON PREPARING THIS FORM. | | | |
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| DEPARTA | IENT I | NAME | , | | DOT - Tr | oncit | | | • | INSTRUCTIO | NS ON FREFARING TH | IIS FORM. |
| Wer | e Appi | ropriation | s Reques | ted Below D | enied For Th | | Budget? | Yes | | | | |
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| IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL PAGES. | | | | | | | | | | | | |
| DATE OF REQUEST SIGNATURE OF DEPARTM | | | | | | | | | | TITLE | | |
| | 12/ | 12/2017 | ······································ | | | | | Direct | | tor of Administrative Services | | |
| | П | | | Dept. | of Adminis | tration | County | Executive | Finance | e Committee | County Be | pard |
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