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TAO.	/	

REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries

Name: Self Marker

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: S&30 W KK Reiser Larkway

City: Self Collis 729 Zip Code: 5 3 2/9

Organization Represented (if any):

_____ I wish to speak.

I do not wish to speak.

No.	14
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REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name:	ELISA	\$ San	INE		·
PL	EASE PRIN	T YOUR NA	AME PHONE	ΓΙCALLY, if yo	u wish to speak
Address:_	1114	5	250		
City:	nilwa	MCGE	wZ	Zip Code;	53218
Organization Represented (if any):					
	I wish	to speak.			
	∡ I do n	ot wish to sp	eak.		

REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: IRISSOL ARCE	
PLEASE PRINT YOUR NAME PHONE	TICALLY, if you wish to speak
Address: 3309 S. 7th St.	
City: Milwaukee	Zip Code: <u> </u>
Organization Represented (if any):	
I wish to speak.	
∠ I do not wish to speak.	

No.	

REGISTRATION FORM

110063 - A substitute ordinance relating to aldermanic district boundaries commencing in 2012.

Name: JAUIER TAPIA	
PLEASE PRINT YOUR NAME PHONE	ETICALLY, if you wish to speak
Address: 4636 N. W, 25-1 43	
City: Milwadel, NI	Zip Code: \(\mathcal{T} \) 2//
Organization Represented (if any):	
I wish to speak.	
I do not wish to speak.	