

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Regarding: File 091618, IHD for 4330 N. 25th St.

Name: MARTHA B. LOVE

Your Name Phonetically (If you wish to speak): _____

Address: 4377 No. 25th St.

City: Milw. ZIP Code: 53209

Organization: (if any): GARDEN HOMES NE Sh. HOOD association

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

____ I support this measure

X I wish to speak

____ I don't support this measure

____ I do not wish to speak

____ I wish to be notified of future meetings regarding this issue

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CITY OF MILWAUKEE

REGISTRATION FORM

Regarding: File 091618, IHD for 4330 N. 25th St.

Name: Dawn McCarthy

Your Name Phonetically (If you wish to speak): _____

Address: 2589 N Lake Drive

City: Milwaukee WI ZIP Code: 53211

Organization: (if any): Milwaukee Presentation Alliance

E-Mail Address: dawnhmc@aol.com

(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I support this measure Interim Designation ☒ I wish to speak

☐ I don't support this measure

☐ I do not wish to speak

☒ I wish to be notified of future meetings regarding this issue

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REGISTRATION FORM

Regarding: File 091618, IHD for 4330 N. 25th St.

Name: GENELL SCHEURELL, NAT'L TRUST FOR HIST. PRESERV.

Your Name Phonetically (If you wish to speak): _____

Address: 53 W. JACKSON BLVD, STE. 350

City: CHICAGO, IL ZIP Code: 60604

Organization: (if any): NATIONAL TRUST FOR HISTORIC PRESERVATION

E-Mail Address: genell_scheurell@nthp.org

(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I support this measure

☐ I don't support this measure

☐ I wish to speak

☒ *am unable to stay*
~~I do not wish to speak~~

☐ I wish to be notified of future meetings regarding this issue

We support interim designation of this home in the Garden Homes Historic District. This interim designation will allow time to measure the impact of saving/demolishing this structure -- on the neighborhood + on the historic district's chance to become a National Historic Landmark.

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REGISTRATION FORM

Regarding: File 091618, IHD for 4330 N. 25th St.

Name: Joe Bova, President

Your Name Phonetically (If you wish to speak): _____

Address: 4468 N. 26th Street

City: Milwaukee ZIP Code: 53209

Organization: (if any): Garden Homes Neighborhood Association

E-Mail Address: joebova7@aol.com

(Unless specifically requested not to, we will be contacting you via e-mail.)

☐ I support this measure

☒ We
don't support this measure

☒ I wish to speak

☐ I do not wish to speak

☒ I wish to be notified of future meetings regarding this issue

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REGISTRATION FORM

Regarding: File 091618, IHD for 4330 N. 25th St.

Name: JEREMY MATTEK

Your Name Phonetically (If you wish to speak): _____

Address: 6875 N. 107th St.

City: Milwaukee ZIP Code: 53224

Organization: (if any): GARDEN HOMES LUTHERAN CHURCH

E-Mail Address: jmattek@gardenhomeslutheran.org

(Unless specifically requested not to, we will be contacting you via e-mail.)

☐ I support this measure

☒ I wish to speak

☒ I don't support this measure

☐ I do not wish to speak

☒ I wish to be notified of future meetings regarding this issue

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REGISTRATION FORM

Regarding: File 091618, IHD for 4330 N. 25th St.

Name: Josh Hoyard

Your Name Phonetically (If you wish to speak): Josh Hoyard

Address: 1906 N. 52nd St.

City: Milwaukee ZIP Code: 53208

Organization: (if any): GARDEN HOMES LUTHERAN CHURCH

E-Mail Address: josh.hoyard@gmail.com

(Unless specifically requested not to, we will be contacting you via e-mail.)

☐ I support this measure

☒ I wish to speak

☒ I don't support this measure

☐ I do not wish to speak

☒ I wish to be notified of future meetings regarding this issue

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REGISTRATION FORM

Regarding: File 091618, IHD for 4330 N. 25th St.

Name: Tommy Burress

Your Name Phonetically (If you wish to speak): _____

Address: 8930 N. 87th ct

City: Milwaukee ZIP Code: 53224

Organization: (if any): Garden Homes E.M. Luth Church

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

☐ I support this measure

☐ I wish to speak

☒ I don't support this measure

☒ I do not wish to speak

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REGISTRATION FORM

Regarding: File 091618, IHD for 4330 N. 25th St.

Name: Gail Fitch

Your Name Phonetically (If you wish to speak): _____

Address: _____

City: Milw. Wis. **ZIP Code:** 53202

Organization: (if any): _____

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I support this measure

☐ I wish to speak

☐ I don't support this measure

☒ I do not wish to speak

☐ I wish to be notified of future meetings regarding this issue