REGISTRATIONFORM

The Zoning, Neighborhoods & Development Committee 3rd Floor, Room 301-B, City Hall 9/19/17

At 9:00 AM

Re: Item 16 - 170444 - A substitute ordinance relating to the change in zoning, from Two-Family Residential, RT4, to Parks, PK, for recreational use on lands located on the block bounded by East Lincoln Avenue, East Conway Street, South Bay Street and South Logan Avenue (14th Aldermanic District).

| Please PRINT |
|------------------------------------|
| Name: DENNIS BUKEA |
| Address: 929 E LINCOLN AVE |
| City: MILW ZIP CODE: 53307 |
| Organization Represented (if any): |
| Email Address: |
| I wish to speak. |
| I do not wish to speak. |

REGISTRATIONFORM

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| Please PRINT |
|--|
| Name: Darbara Kichards |
| Address: 3210 W831d5t |
| City: MKZ ZIP CODE: 53222 |
| Organization Represented (if any): FRIENDS OF MILWAMERES |
| Email Address: fmdfbar@ymanl.com Downfan To |
| T wish to speak. |
| I do not wish to speak. |

3

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

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| Please PRINT Vera Paw lake |
|---|
| |
| Address: 1 902 E. Hower ST |
| City: MIW ZIP CODE: 53307 |
| Organization Represented (if any): |
| Email Address: Verafriende outlook. Com |
| |
| I do not wish to speak. |

4

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATIONFORM

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| Please PRINT |
|--------------------------------------|
| Name: Tim Mueller |
| Address: 2119 S. Aldrich St. |
| City: Milwautee ZIP CODE: 53207 |
| Organization Represented (if any): |
| Email Address: Muellertim @ juno.com |
| ✓ I wish to speak. |
| I do not wish to speak. |

REGISTRATIONFORM

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At 9:00 AM

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| Please PRINT |
|---|
| Name: Lunn Krenn |
| Address: 2379 S. Lodan Ave |
| City: MIlwaukee ZIP CODE: 53207 |
| Organization Represented (if any): Ald. Zielinski |
| Email Address: Krennim @ notmail. com |
| I wish to speak. |
| I do not wish to speak. |

6

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATIONFORM

The Zoning, Neighborhoods & Development Committee 3rd Floor, Room 301-B, City Hall 9/19/17

At 9:00 AM

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| Please PRINI |
|--|
| Name: Shannon Feest |
| Address: 2412 S Williams A |
| City: Milwarkee ZIP CODE: 53207 |
| Organization Represented (if any): |
| Email Address: Shannon feest @ gmail.com |
| I wish to speak. |
| I do not wish to speak. |

REGISTRATIONFORM

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At 9:00 AM

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| Please PRINT |
|-------------------------------------|
| Name: 6 regional Trancis (100) |
| Address: 2230 S. Add Add ST. |
| City: ZIP CODE: 53204 |
| Organization Represented (if any): |
| Email Address: At 51 W @ W. VV. Cam |
| |
| I wish to speak. |
| |
| I do not wish to speak. |

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At 9:00 AM

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| Please PRINT | | |
|------------------------------------|---------------------------|--|
| Name: VERA MATICH | | |
| Address: 2380 S. WILLIAMS ST | | |
| City: MILWAUKEE ZIP | CODE: 5 3207 | |
| Organization Represented (if any): | a a più leanne a the fair | |
| Email Address: Vera metta@ea | othlink.net | |
| I wish to speak. | | |
| I do not wish to speak. | | |