

No. \_\_\_\_\_

OFFICE OF THE CITY CLERK  
CITY OF MILWAUKEE

SPECIAL PUBLIC SAFETY COMMITTEE MEETING

November 19, 2013

Room 301-B, 3<sup>rd</sup> Floor, City Hall  
1:30 P.M.

**Regarding: 130903 - An ordinance relating to the licensing, permitting and regulation of taxicab operations and public passenger vehicles.**

PLEASE PRINT YOUR NAME

Name: SHARANJIT SINGH

Address: 3265 S 60TH STR MILWAUKEE

City: MILWAUKEE Zip Code: 53219

\_\_\_\_\_ I wish to speak.

Don't I do not wish to speak.

\_\_\_\_\_ I SUPPORT this ordinance.

I OPPOSE this ordinance because I wish to see the cap removed.

\_\_\_\_\_ I OPPOSE this ordinance because I do not wish any increase in the number of cabs

\_\_\_\_\_ I OPPOSE this ordinance for some other reason. (Please list your reason below.)

No. \_\_\_\_\_

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**Regarding: 130903 - An ordinance relating to the licensing, permitting and regulation of taxicab operations and public passenger vehicles.**

PLEASE PRINT YOUR NAME

Name: JATINDER S. CHEEMA

Address: 4601 S. 1 ST. APT# 236

City: MILWAUKEE WI Zip Code: 53207

\_\_\_\_\_ I wish to speak.

Do not I do not wish to speak.

\_\_\_\_\_ I SUPPORT this ordinance.

✓ I OPPOSE this ordinance because I wish to see the cap removed.

\_\_\_\_\_ I OPPOSE this ordinance because I do not wish any increase in the number of cabs

\_\_\_\_\_ I OPPOSE this ordinance for some other reason. (Please list your reason below.)

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**Regarding: 130903 - An ordinance relating to the licensing, permitting and regulation of taxicab operations and public passenger vehicles.**

PLEASE PRINT YOUR NAME

Name: AMITPAL SINGH

Address: 3265 SOUTH SIDE (MIL) (WI) 53219

City: MILWAUKEE Zip Code: 53219

\_\_\_\_\_ I wish to speak.

Do not I do not wish to speak.

\_\_\_\_\_ I SUPPORT this ordinance.

✓ I OPPOSE this ordinance because I wish to see the cap removed.

\_\_\_\_\_ I OPPOSE this ordinance because I do not wish any increase in the number of cabs

\_\_\_\_\_ I OPPOSE this ordinance for some other reason. (Please list your reason below.)

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**Regarding: 130903 - An ordinance relating to the licensing, permitting and regulation of taxicab operations and public passenger vehicles.**

PLEASE PRINT YOUR NAME

Name: MOSTAFA Abdelhameed

Address: 10301 S ASHLEY LN

City: OKLAHOMA Zip Code: 53154

NO I wish to speak.

✓ I do not wish to speak.

M O CAB

\_\_\_\_\_ I SUPPORT this ordinance.

\_\_\_\_\_ I OPPOSE this ordinance because I wish to see the cap removed.

✓ I OPPOSE this ordinance because I do not wish any increase in the number of cabs

\_\_\_\_\_ I OPPOSE this ordinance for some other reason. (Please list your reason below.)

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**Regarding: 130903 - An ordinance relating to the licensing, permitting and regulation of taxicab operations and public passenger vehicles.**

PLEASE PRINT YOUR NAME

Name: GURBACHAN S. CHATEL

Address: 9022. S-River Edge Dr

City: OAK CREEK WI Zip Code: 53154

\_\_\_\_\_ I wish to speak.

I do not wish to speak.

\_\_\_\_\_ I SUPPORT this ordinance.

\_\_\_\_\_ I OPPOSE this ordinance because I wish to see the cap removed.

I OPPOSE this ordinance because I do not wish any increase in the number of cabs

\_\_\_\_\_ I OPPOSE this ordinance for some other reason. (Please list your reason below.)

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**Regarding: 130903 - An ordinance relating to the licensing, permitting and regulation of taxicab operations and public passenger vehicles.**

PLEASE PRINT YOUR NAME

Name: HARSHINDER S. VIKAR

Address: 3208 SHORTRIDGE DR

City: RACINE Zip Code: 53402

I wish to speak.

I do not wish to speak.

I SUPPORT this ordinance.

I OPPOSE this ordinance because I wish to see the cap removed.

I OPPOSE this ordinance because I do not wish any increase in the number of cabs

I OPPOSE this ordinance for some other reason. (Please list your reason below.)

No. 11/19/13

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1:30 P.M.

**Regarding: 130903 - An ordinance relating to the licensing, permitting and regulation of taxicab operations and public passenger vehicles.**

PLEASE PRINT YOUR NAME

Name: GURJEET SINGH

Address: 8087 S WYOMING DR. OAK CREEK WI 53154

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_ I wish to speak.

I do not wish to speak.

\_\_\_\_\_ I SUPPORT this ordinance.

\_\_\_\_\_ I OPPOSE this ordinance because I wish to see the cap removed.

I OPPOSE this ordinance because I do not wish any increase in the number of cabs

\_\_\_\_\_ I OPPOSE this ordinance for some other reason. (Please list your reason below.)

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**Regarding: 130903 - An ordinance relating to the licensing, permitting and regulation of taxicab operations and public passenger vehicles.**

PLEASE PRINT YOUR NAME

Name: KUTS IGOR

Address: 4133W. CHERRYWOOD CN

City: BROWN DEER Zip Code: 53209

\_\_\_\_\_ I wish to speak.

✓ I do not wish to speak.

\_\_\_\_\_ I SUPPORT this ordinance.

\_\_\_\_\_ I OPPOSE this ordinance because I wish to see the cap removed.

\_\_\_\_\_ I OPPOSE this ordinance because I do not wish any increase in the number of cabs

\_\_\_\_\_ I OPPOSE this ordinance for some other reason. (Please list your reason below.)



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**Regarding: 130903 - An ordinance relating to the licensing, permitting and regulation of taxicab operations and public passenger vehicles.**

PLEASE PRINT YOUR NAME

Name: Sunny Adeliji

Address: 2725 W. Highland Ave. - 53208

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I wish to speak.

I do not wish to speak.

I SUPPORT this ordinance.

I OPPOSE this ordinance because I wish to see the cap removed.

I OPPOSE this ordinance because I do not wish any increase in the number of cabs

I OPPOSE this ordinance for some other reason. (Please list your reason below.)

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PLEASE PRINT YOUR NAME

Name: JOSHUA N DOW

Address: 4127 N 92ND ST

City: MILWAUKEE WI Zip Code: 53223

\_\_\_\_\_ I wish to speak.

I do not wish to speak.

I SUPPORT this ordinance.

I OPPOSE this ordinance because I wish to see the cap removed.

\_\_\_\_\_ I OPPOSE this ordinance because I do not wish any increase in the number of cabs

\_\_\_\_\_ I OPPOSE this ordinance for some other reason. (Please list your reason below.)

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**Regarding: 130903 - An ordinance relating to the licensing, permitting and regulation of taxicab operations and public passenger vehicles.**

PLEASE PRINT YOUR NAME

Name: Dean Tsounis

Address: 2828 E College Ave

City: Cudahy Zip Code: W 53110

\_\_\_\_\_ I wish to speak.

X I do not wish to speak.

\_\_\_\_\_ I SUPPORT this ordinance.

\_\_\_\_\_ I OPPOSE this ordinance because I wish to see the cap removed.

X I OPPOSE this ordinance because I do not wish any increase in the number of cabs

\_\_\_\_\_ I OPPOSE this ordinance for some other reason. (Please list your reason below.)

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**Regarding: 130903 - An ordinance relating to the licensing, permitting and regulation of taxicab operations and public passenger vehicles.**

PLEASE PRINT YOUR NAME

Name: Charanjeet Singh

Address: 2714 W Howard Ave

City: Milwaukee Zip Code: 53224

\_\_\_\_\_ I wish to speak.

\_\_\_\_\_ I do not wish to speak.

\_\_\_\_\_ I SUPPORT this ordinance.

\_\_\_\_\_ I OPPOSE this ordinance because I wish to see the cap removed.

\_\_\_\_\_ I OPPOSE this ordinance because I do not wish any increase in the number of cabs

\_\_\_\_\_ I OPPOSE this ordinance for some other reason. (Please list your reason below.)

No. 7

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**Regarding: 130903 - An ordinance relating to the licensing, permitting and regulation of taxicab operations and public passenger vehicles.**

PLEASE PRINT YOUR NAME

Name: JAMES BRANZOWSKY

Address: 6775 W BECHER APT 103

City: WEST ALLIS, WISC. Zip Code: 53219

         I wish to speak.

✓ I do not wish to speak.

         I SUPPORT this ordinance.

         I OPPOSE this ordinance because I wish to see the cap removed.

✗ I OPPOSE this ordinance because I do not wish any increase in the number of cabs

         I OPPOSE this ordinance for some other reason. (Please list your reason below.)

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**Regarding: 130903 - An ordinance relating to the licensing, permitting and regulation of taxicab operations and public passenger vehicles.**

PLEASE PRINT YOUR NAME

Name: CAIDIN WHITE

Address: 7225 N 86<sup>ST</sup>

City: Mi Zip Code: 53224

\_\_\_\_\_ I wish to speak.

✓ I do not wish to speak.

✓ I SUPPORT this ordinance.

\_\_\_\_\_ I OPPOSE this ordinance because I wish to see the cap removed.

\_\_\_\_\_ I OPPOSE this ordinance because I do not wish any increase in the number of cabs

\_\_\_\_\_ I OPPOSE this ordinance for some other reason. (Please list your reason below.)

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PLEASE PRINT YOUR NAME

Name: ABDIFITAH FARAH

Address: 2595 N CRAMER ST

City: MILWAUKEE WI Zip Code: 53211

\_\_\_\_\_ I wish to speak.

\_\_\_\_\_ I do not wish to speak.

\_\_\_\_\_ I SUPPORT this ordinance.

I OPPOSE this ordinance because I wish to see the cap removed.

\_\_\_\_\_ I OPPOSE this ordinance because I do not wish any increase in the number of cabs

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PLEASE PRINT YOUR NAME

Name: Idowu Oguntade  
Address: 4709 W. Kiley Av.  
City: Milwaukee Zip Code: 53227

\_\_\_\_\_ I wish to speak.

\_\_\_\_\_ I do not wish to speak.

\_\_\_\_\_ I SUPPORT this ordinance.

\_\_\_\_\_ I OPPOSE this ordinance because I wish to see the cap removed.

\_\_\_\_\_ I OPPOSE this ordinance because I do not wish any increase in the number of cabs

\_\_\_\_\_ I OPPOSE this ordinance for some other reason. (Please list your reason below.)