

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

9:23

REGISTRATION FORM

The Water Quality Task Force meeting on April 1, 2017.
North Division High School
1011 W. Center St.
Milwaukee, WI 53206

9:00 AM

RE: 160676 – Communication related to the activities of the Water Quality Task Force.

Please PRINT

Name: SHERIE TUSSLER

Address: 3102 W. ST. PAUL

City: MILW ZIP CODE: 53208

Organization Represented (if any): HUNGER TASK FORCE

Email address: SHERIE@HUNGER TASK FORCE.ORG

I wish to speak.

I do not wish to speak.

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RE: 160676 – Communication related to the activities of the Water Quality Task Force.

Please **PRINT**

Name: Robert Miranda

Address: 2222 7th St

City: Milw ZIP CODE: 53215

Organization Represented (if any): FLAC

Email address: VMIRANDA@WI.VT.COM

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Dollie M. Smith

Address: 3800 N 4th block

City: _____ ZIP CODE: _____

Organization Represented (if any): _____

Email address: _____

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: TIED ROYAL

Address: 5705 W Wash Street

City: 7771 ZIP CODE: 53216

Organization Represented (if any): _____

Email address: _____

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: JEAN E. VALENTINE (John Valentine)

Address: 4175 N. 69TH ST

City: 53216 ZIP CODE: 53216

Organization Represented (if any): _____

Email address: _____

I wish to speak.

I do not wish to speak.

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Name: Steve Adams

Address: 1733 North 17th St

City: Milwaukee ZIP CODE: 53205

Organization Represented (if any): _____

Email address: sadams3276@aol.com

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Kimberly Thomas Britt

Address: 3859 N. 23 St.

City: Milwaukee ZIP CODE: 53206

Organization Represented (if any): _____

Email address: Kimberly@tbs

I wish to speak.

I do not wish to speak.