

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

The Special Public Safety meeting on October 15, 2016.
Obama High School
5075 N. Sherman Blvd.

RE: 160155 - Communication relating to crime, fear, and disorder in the City of Milwaukee.

Please PRINT

Name: Mr Young

Address: 2750 N Sherman Blvd

City: Milwaukee ZIP CODE: 53210

Organization Represented (if any): COM.

Email address: ESU SEVEN@STBCWISCONSIN.NET

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Henry DAVIS

Address: 5222 N 48 Street

City: Milwaukee ZIP CODE: 53218

Organization Represented (if any): Villa-Ritor Blockwatch

Email address: _____

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: SHANE MEG O NIGLE
Meganigle

Address: 921 prostwick #41

City: Waterford WI ZIP CODE: 53185

Organization Represented (if any): _____

Email address: HWB5M@yahoo.com

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Tina Kurth

Address: 2481 W. Walnut St

City: Milwaukee ZIP CODE: 53205

Organization Represented (if any): _____

Email address: kurthtnd@~~A~~earthlink.net

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Dave Sey

Address: 3016 N 29

City: _____ ZIP CODE: 53210

Organization Represented (if any): _____

Email address: _____

I wish to speak.

I do not wish to speak.

6

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Please **PRINT**

Name: GEORGE BAILEY

Address: 2977 N 28 ST

City: _____ ZIP CODE: 53210

Organization Represented (if any): _____

Email address: _____

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: VINCE TONEY

Address: 2721 W. Roosevelt D

City: MILW ZIP CODE: 53216

Organization Represented (if any): Coalition For Hope Black Watch

Email address: v.toney@sbcglobal.net

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Mary Watkins

Address: 2218 N 36th Street

City: Milwaukee ZIP CODE: 53208

Organization Represented (if any): _____

Email address: desdemonaa@yahoo.com

I wish to speak.

I do not wish to speak.

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Please PRINT
Name: VAUGHAN MAYES BAY
Vann Mayes - Bey

Address: _____

City: Milwaukee ZIP CODE: 53210

Organization Represented (if any): Program The Parks

Email address:

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: CHAB Taylor

Address: 2919 n. 47th

City: Milwaukee ZIP CODE: 53210

Organization Represented (if any): WE ARE WE GOT

Email address: _____

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Yeshae Price

Address: 3404 N 7th St.

City: Milwaukee ZIP CODE: 53212

Organization Represented (if any): PEARLS for TEEN Girls

Email address: _____

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Sadie Davis

Address: 6203 W Spencer Pl

City: Milw ZIP CODE: 53218

Organization Represented (if any): _____

Email address: _____

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: Sarah Tyree-Francis

Address: 710 W. Historic Mitchell St.

City: Milwaukee ZIP CODE: 53204

Organization Represented (if any): PEARLS for Teen Girls

Email address: Sarah.tyree-francis@pearlsforteen girls.com

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Desiree

Address: _____

City: _____ ZIP CODE: _____

Organization Represented (if any): _____

Email address: _____

I wish to speak.

I do not wish to speak.

City of Milwaukee

Question Form

SPECIAL PUBLIC SAFETY

October 15, 2016

9:30 AM

Obama High School

5075 N. Sherman Blvd.

Milwaukee, WI 53209

1. CCFN 160155: Communication relating to crime, fear, and disorder in the City.

If you wish to submit any questions relating to this matter, please complete the form below and submit to a committee staff member.

Name: BRENDA HART

Organization (if affiliated): _____

Address: 3362 N 26th St

Question(s): WHY ARE WE PAYING MORE TAXES WHEN WHAT YOU ARE DOING IS REPLACING RETIRING POLICE OFFICERS

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Please **PRINT**

Name: Deborah Lee

Address: 6111 N. Sherman Blvd

City: Milwaukee ZIP CODE: 53209

Organization Represented (if any): NON-Resident

Email address: Earnestine Kids@yahoo.com

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Sheila James

Address: 4139 N. 24th St.

City: Milw, WI ZIP CODE: 53209

Organization Represented (if any): _____

Email address: _____

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: Royers Griffin

Address: 4149 N. 15th St

City: Milw ZIP CODE: 53209

Organization Represented (if any): _____

Email address: Marilyn.Guyton@ATT.net

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: Marilyn Guyton

Address: 4149 N. 15th St

City: Milw ZIP CODE: 53209

Organization Represented (if any): _____

Email address: Marilyn.Guyton@ATT.net

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: ~~Danika~~ Smith

Address: N/A

City: MILW ZIP CODE: 53209

Organization Represented (if any):

Email address: positiveingenuity@yahoo.com

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Laffie Foster-Toney

Address: 2721 W. Roosevelt Dr.

City: Milwaukee ZIP CODE: 53216

Organization Represented (if any): Coalition for Hope Black Watch

Email address: tf.toney@sbcglobal.net

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Please PRINT LAM BOOTHS

Name: Paige Lambouths

Address: 25th Capital

City: Milwaukee ZIP CODE: 53209

Organization Represented (if any): _____

Email address: lambouthspaige@gmail.com

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Connie Saffold

Address: 6352 N. 84

City: Mil. ZIP CODE: _____

Organization Represented (if any): _____

Email address: _____

I wish to speak.

I do not wish to speak.