REGISTRATIONFORM

CITY-COUNTY HEROIN, OPIOID, AND COCAINE TASK FORCE
November 30, 2018 at 9:00 A.M.
Room 301-B, Third Floor, City Hall

RE: Public Comment. PLEASE PRINT Name: Address: 2749 ZIP CODE: _> Organization Represented (if any): I wish to speak. I do not wish to speak. Mr. Resoluti ! EDUCATION: MM 15 vant = leplie-I. Digi! of - Contros: 15% recently theirtent.

REGISTRATIONFORM

CITY-COUNTY HEROIN, OPIOID, AND COCAINE TASK FORCE
November 30, 2018 at 9:00 A.M.
Room 301-B, Third Floor, City Hall

RE: Public Comment. PLEASE PRINT Name: Address: ZIP CODE: 5327 City: \\ Organization Represented (if any): I wish to speak. I do not wish to speak. 1). Heitham - Tund Dan for Tuestent.
2). Octportnent Program =>
3) Pr. June, Bry Admite. Apl- goiz Long Pong lons Do myestroff

REGISTRATIONFORM

RE: Public Comment.		
PLEASE PRINT	9	
Name: Neil Dogra		500
Address: 10501 N Manor	Clicle	
City: Meguen	ZIP CODE:	57092
Organization Represented (if any):	12	
V I wish to speak.	e	
I do not wish to speak.		

4

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATIONFORM

RE: Public Comment.	
PLEASE PRINT	
Name: SAYAh 1906hM	
Address: 2625 N Weil St	
City:	ZIP CODE: 53212
Organization Represented (if any):	Meta House
I wish to speak.	
I do not wish to speak.	

REGISTRATIONFORM

CITY-COUNTY HEROIN, OPIOID, AND COCAINE TASK FORCE
November 30, 2018 at 9:00 A.M.
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RE: Public Comment. PLEASE PRINT Name: Address: ZIP CODE: Organization Represented (if any): I wish to speak. I do not wish to speak.

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CITY-COUNTY HEROIN, OPIOID, AND COCAINE TASK FORCE
November 30, 2018 at 9:00 A.M.
Room 301-B, Third Floor, City Hall

63

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATIONFORM

RE: Public Comment.		
PLEASE PRINT	W)	*
Name: Crasy Scholaptz		
Address: 1300 H. Prester Ay	18 \$ 224	
City: Miller	ZIP CODE: <u>5370</u> 2	=
Organization Represented (if any):	LEXEST FRELILY GROUP	25
✓ I wish to speak.		
I do not wish to speak.		

PR

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATIONFORM

RE: Public Comment.	*
PLEASE PRINT	
Name: Megan Bielinsci	
Address: 531 Flm Ave	
City: South Milwankee ZIP CODE: 53172	
Organization Represented (if any): Milwaukee Community	Acupuneture
I wish to speak.	
I do not wish to speak.	

REGISTRATIONFORM

CITY-COUNTY HEROIN, OPIOID, AND COCAINE TASK FORCE
November 30, 2018 at 9:00 A.M.
Room 301-B, Third Floor, City Hall

RE: Public Comment.

PLEASE PRINT

Name: Selaborth Kurter Mr)

Address: 10012 W. Cgp fel

City: Milwauler ZIP CODE: 57272

Organization Represented (if any): Adbeard

Twish to speak.

__I do not wish to speak.

REGISTRATIONFORM

CITY-COUNTY HEROIN, OPIOID, AND COCAINE TASK FORCE
November 30, 2018 at 9:00 A.M.
Room 301-B, Third Floor, City Hall

RE: Public Comment.

PLEASE PRINT

Name:

ON RICHARDS

Address:

ZIP CODE:

Organization Represented (if any):

I wish to speak.

I do not wish to speak.

REGISTRATIONFORM

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CITY-COUNTY HEROIN, OPIOID, AND COCAINE TASK FORCE
November 30, 2018 at 9:00 A.M.
Room 301-B, Third Floor, City Hall

PLEASE PRINT

Name: Jamie Hauch 3 Amy West

Address: 10012 W Capito By

City: Wau watosa ZIP CODE: 53222

Organization Represented (if any): West Grove Clin) (

I wish to speak.

REGISTRATIONFORM

RE: Public Comment.	
PLEASE PRINT	· · · · · · · · · · · · · · · · · · ·
Name: Ratee Mercan	0
Address: 2020 South 5th	place
City:	ZIP CODE:
Organization Represented (if any):	
I wish to speak.	
I do not wish to speak.	