

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Zoning, Neighborhoods and Development Committee

Date: 7/3/07

Regarding: 070287 - Substitute ordinance relating to the approval of the First Amendment to a Detailed Planned Development known as North Meadows, Stage 5, on land located West of North 91st Street and North of West Brown Deer Road, in the 9th Aldermanic District.

Name: Andrea A. Blakely-Brooks

Your Name Phonetically (If you wish to speak): _____

Address: 8827 N. 95th Street Unit A

City: Milwaukee **ZIP Code:** 53224

Organization: (if any): _____

E-Mail Address: littlefeet@yahoo.com

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

I don't support this measure

I do not wish to speak

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Name: JAMES KOWALSKI

Your Name Phonetically (If you wish to speak): KO-WALL-SKI

Address: 8951-C N. 95th STREET

City: MILWAUKEE **ZIP Code:** 53224

Organization: (if any): THE WOODLANDS HOME OWNERS ASSOC.

E-Mail Address: THE WOODLANDS 8951@EARTHLINK.NET
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Gary Mohn

Your Name Phonetically (If you wish to speak): _____

Address: 9301 N. 76 St.

City: Milwaukee **ZIP Code:** 53223

Organization: (if any): Alexian Village

E-Mail Address: G.Mohn@Alexianbrothers.net
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Benjamin Clemons

Your Name Phonetically (If you wish to speak): _____

Address: 4035 N. 16th St.

City: Milwaukee, WI **ZIP Code:** 53209

Organization: (if any): Risen Savior Lutheran School

E-Mail Address: principal@risensavior-luth.org
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Melissa Herguth

Your Name Phonetically (If you wish to speak): Melissa Herguth

Address: 9050 N Swan road

City: Milwaukee **ZIP Code:** 53224

Organization: (if any): YMCA

E-Mail Address: mherguth@ymcamilw.org

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: MARK KRAUSE

Your Name Phonetically (If you wish to speak): MARK KRAUSE

Address: 7001 W. BROWN DEER RD.

City: MILWAUKEE **ZIP Code:** 53223

Organization: (if any): KRAUSE FUNERAL HOMES / BUSINESS OWNER

E-Mail Address: MARK@KRAUSEFUNERALHOME.COM

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Liz Hammer

Your Name Phonetically (If you wish to speak): _____

Address: 5839 W. Helena St.

City: Milw. **ZIP Code:** 53223

Organization: (if any): _____

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: BEBA TISLJAR

Your Name Phonetically (If you wish to speak): _____

Address: 5924 N. 64 ST

City: MILWAU, WI **ZIP Code:** 53218

Organization: (if any): _____

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Lars Anderson

Your Name Phonetically (If you wish to speak): Larz

Address: 41 units Woodlands

City: _____ **ZIP Code:** 53224

Organization: (if any): _____

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

I support this measure

I wish to speak

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LARS ANDERSON

- 1 8847 H NSWAN
- 2 8859 D NSWAN
- 3 8865 H NSWAN
- 4 8901 H NSWAN
- 5 8910 H N 95
- 6 8990 A N 95
- 7 8990 E N 95
- 8 9020 D N 95
- 9 9040 F N 95
- 10 9060 F N 95
- 11 9061 B N 95
- 12 9061 C N 95
- 13 9061 M N 95
- 14 9256 W Allyn
- 15 8847 J NSWAN
- 16 8990 B N 95
- 17 9097 E N 95
- 18 9097 G N 95
- 19 9325 C W Allyn
- 20 9325 D W Allyn
- 21 8930 H N 95

WJP

- 22 8827 F N 95
- 23 8842 H N 95
- 24 8878 D N 95
- 25 8910 L N 95
- 26 8951 J N 95

27 8990 D N 95

28 9010 J N 95

29 9020 G N 95

30 9076 H N 95

31 9061 E N 95

32 9071 B N 95

33 9071 J N 95

34 9281 D W Allyn

35 8931 J N SWAN

36 8889A N SWAN

37 8883 H N SWAN

38 8883 J N SWAN

39 8853 B N SWAN

40 8841 E N SWAN

41 8847 C N SWAN

Bill/VAL 42 8821 D N 95

43 8842 C N 95

44 8842 F N 95

45 8848 J N 95

46 8854 A N 95

47 8854 H N 95

48 8854 K N 95

49 8872 E N 95

50 8884 G N 95

51 8910 F N 95

52 8930 C N 95

53 8970 E N 95

- 54 8951 D N 95
- 55 8990 G N 95
- 56 9030 J N 95
- 57 9030 K N 95
- 58 9050 B N 95
- 60 9050 G N 95
- 61 9050 H N 95
- 62 9070 B N 95
- 63 9070 F N 95
- 64 9070 G N 95
- 65 9070 H N 95
- 66 9076 E N 95
- 67 9061 G N 95
- 68 9061 J N 95
- 69 9261 B W Allyn
- 70 9261 G W Allyn
- 71 9221 E W Allyn
- 72 9325 G W Allyn
- 73 8941 B N SWAN
- 74 8895 C N SWAN
- 75 9011 D N SWAN
- 76 8889 F N SWAN
- 77 8883 E N SWAN
- 78 8871 A N SWAN
- 79 8865 D N SWAN
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- Manat 81 8970 J N 95 (82) 9096 E N 95 (83) 9096 G N 95

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Name: Val Swenson

Your Name Phonetically (If you wish to speak): _____

Address: 42 PROPERTIES - WOODLANDS

City: _____ **ZIP Code:** 53224

Organization: (if any): _____

E-Mail Address: _____

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Name: DOROTHY SCHMIDT

Your Name Phonetically (If you wish to speak): _____

Address: 9301 N. 76th ST APT 247

City: MIL **ZIP Code:** 53223

Organization: (if any): ~~GRANTVILLE - BROWN DEER CHAMBER OF COMMERCE~~

E-Mail Address: dorothy.schmidt@micorp.com

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: MARIE WENSZEL

Your Name Phonetically (If you wish to speak): WENZEL

Address: 7979 W GLENBROOK

City: MILWAUKEE **ZIP Code:** 53223

Organization: (if any): _____

E-Mail Address: MDWJ95@ALEXIANVILLAGE.NET
(Unless specifically requested not to, we will be contacting you via e-mail.)

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OFFICE OF THE CITY CLERK
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12

REGISTRATION FORM

Committee: Zoning, Neighborhoods and Development Committee

Date: 7/3/07

Regarding: 061527 - Substitute ordinance relating to the change in zoning from Detailed Planned Development to a General Planned Development, to be known as Rivianna, on land located on the North Side of South Water Street and East of North Broadway, in the 12th Aldermanic District.

Name: JIM LEHMKUHL

Your Name Phonetically (If you wish to speak): GYM LEMKOOL

Address: 9301 N. 76th ST.

City: MILW. **ZIP Code:** 53223

Organization: (if any): ALEXIAN VILLAGE HEALTH CENTER

E-Mail Address: jlehmkuhl@alexianbrothers.net
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Name: CRAIG MAYFIELD

Your Name Phonetically (If you wish to speak): _____

Address: 6117 W. CALUMET RD

City: MILWAUKEE, WI **ZIP Code:** 53223

Organization: (if any): RISEN SAVIOR LUTHERAN CHURCH

E-Mail Address: kwofikemet@aol.com

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Name: Ms Dawn Powell

Your Name Phonetically (If you wish to speak): NO

Address: 9020 B N 95th

City: Milwaukee **ZIP Code:** 53224

Organization: (if any): Foundation Dwellings

E-Mail Address: msdawnpowell@yahoo.com

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: CLIFFORD F. KOLLROSS

Your Name Phonetically (If you wish to speak): _____

Address: 8821 W SPOKANE ST.

City: MILWAUKEE WI **ZIP Code:** 53224

Organization: (if any): S.C. UNCLEW. DE PAUL

E-Mail Address: CLIFFKOLLROSS@YAHOO.COM

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Name: THOMAS A MAYER

Your Name Phonetically (If you wish to speak): THOMAS MAYER

Address: 9840 W. Bradley Rd

City: Milwaukee **ZIP Code:** 53224

Organization: (if any): Society of St Vincent de Paul

E-Mail Address: _____

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Name: Dawn Sinclair

Your Name Phonetically (If you wish to speak): _____

Address: 9060 N 95th ST

City: Milw **ZIP Code:** 53224

Organization: (if any): _____

E-Mail Address: DSINCLAIR@SHOREWEST.COM

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Karyn Clemons

Your Name Phonetically (If you wish to speak): _____

Address: 4035 N 16th St.

City: Milwaukee **ZIP Code:** 53209

Organization: (if any): Risen Savior Lutheran Church/School

E-Mail Address: vikk@risensavior-luth.org
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Terri Imig

Your Name Phonetically (If you wish to speak): _____

Address: 1024 OAK Ridge Pt NE

City: Blaine, mn **ZIP Code:** 55434

Organization: (if any): _____

E-Mail Address: _____

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Name: Kerri Greloe

Your Name Phonetically (If you wish to speak): _____

Address: 9241 West Allyn #E

City: Milwaukee **ZIP Code:** 53224

Organization: (if any): _____

E-Mail Address: _____

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Name: BILL RAAGE

Your Name Phonetically (If you wish to speak): _____

Address: 8949 W 97

City: _____ **ZIP Code:** _____

Organization: (if any): _____

E-Mail Address: _____

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Name: Sue Long

Your Name Phonetically (If you wish to speak): _____

Address: 7245 W. Wabesa

City: Milwaukee **ZIP Code:** 53223

Organization: (if any): ~~City of Milwaukee~~ Self

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

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