

121496

No. _____

**OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE
REGISTRATION FORM**

THE PUBLIC TRANSPORTATION REVIEW BOARD MEETING

March 8, 2013

Room 301-B, 3rd Floor, City Hall
9:00 A.M.

Regarding: Communication from Milwaukee Downtown Business Improvement District, Yellow Cab Co-Op, Shuttle Services, Milwaukee County Transit System, Milwaukee County Office for Persons with Disabilities, Department of Public Works-Infrastructure, Transit Express, Legislative Reference Bureau and Clear Channel Outdoor related to Public Transportation.

Name: ISMAIL HARUN

Please PRINT your name and, if necessary, spell it phonetically if you wish to speak.

Address: 2521 N HOLTON AVE

City: MILWAUKEE WI Zip Code: 53221

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. _____

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Name: KUNDEEP OBEROI

Please PRINT your name and, if necessary, spell it phonetically if you wish to speak.

Address: 6056 S 31 Greenfield WI

City: WI Zip Code: 53201

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

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Name: Abdul Jabir

Please PRINT your name and, if necessary, spell it phonetically if you wish to speak.

Address: 3735 W. Allerton Ave

City: Greenfield WI Zip Code: 52221

Organization Represented (if any): _____

I wish to speak.

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Name: Walid Thabet

Please PRINT your name and, if necessary, spell it phonetically if you wish to speak.

Address: 6211 S Avalon St

City: Milwaukee Zip Code: 53221

Organization Represented (if any): _____

I wish to speak.

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Name: THALMAN SINGH

Please PRINT your name and, if necessary, spell it phonetically if you wish to speak.

Address: 586 EAST JORDAN LN

City: DAK CREEK WI Zip Code: 53154

Organization Represented (if any): YELLOW CAB CO-OP

I wish to speak.

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Name: GAYATRI DASS

Please PRINT your name and, if necessary, spell it phonetically if you wish to speak.

Address: 2608 W COLLEGE AVE

City: MILWAUKEE WI Zip Code: 53221

Organization Represented (if any): _____

I wish to speak.

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Name: VIKRAM Jit Verma

Please PRINT your name and, if necessary, spell it phonetically if you wish to speak.

Address: 2608 W College Ave

City: MILWAUKEE WI Zip Code: 53221

Organization Represented (if any): _____

I wish to speak.

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Name: AZIZ LAASIRI

Please PRINT your name and, if necessary, spell it phonetically if you wish to speak.

Address: W 69 N. 895 Evergreen Ct #103

City: Cedarburg, W. Zip Code: 53012

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

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Name: M. S. NIZAMI

Please PRINT your name and, if necessary, spell it phonetically if you wish to speak.

Address: 3912 S SUNSET SQ.

City: MIL Zip Code: 53220

Organization Represented (if any): _____

I wish to speak.

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Name: CHERNOR BAH

Please PRINT your name and, if necessary, spell it phonetically if you wish to speak.

Address: 5612 W BROOKLYN PL

City: MILWAUKEE WI Zip Code: 53216

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.