

2:30

**OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE**

REGISTRATION FORM

The Special Zoning, Neighborhoods & Development Committee Meeting is scheduled for April 21, 2014, in Room 301-B, 3rd Floor, City Hall

At 10:00 AM

RE: 131770 - An ordinance relating to the change in zoning from Two-Family Residential to Detailed Planned Development to facilitate redevelopment on land located at 619 East Dover Street, on the south side of East Dover Street, west of South Kinnickinnic Avenue, in the 14th Aldermanic District.

Re: 131297 - Resolution approving conveyance of the former Dover Elementary School at 619 East Dover Street by the Milwaukee Board of School Directors, in the 14th Aldermanic District.

Please PRINT

Name: Angela Danian

Address: 235 E Rosedale Ave

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): Milwaukee

Email: angela@newaukee.com

I wish to speak.

I do not wish to speak.

Support!

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

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Please PRINT

Name: Pam Schaefer

Address: 127 Foxdale

City: Glendale ZIP CODE: 53217

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: Antoine Carter

Address: 1845 N Farwell Ave

City: MKE ZIP CODE: 53202

Organization Represented (if any): Milwaukee Urban Garden
Email: _____

I wish to speak.

I do not wish to speak.

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Please PRINT

Name:

Mary Beth Doriscolli

Address:

3053 E. Shore

City:

MKE

ZIP CODE:

53207

Organization Represented (if any):

Email:

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name:

Jackie Higgins

Address:

1200 N. Mayfair Rd. Ste 310

City:

Milwaukee

ZIP CODE:

53226

Organization Represented (if any):

~~FAA~~

Email:

jhiggins@wanguard.com

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: JENNIFER DEVITT

Address: 2425 S. SUPERIOR

City: MILWAUKEE ZIP CODE: 53207

Organization Represented (if any): _____

Email: JEN.DEVITT@GMAIL.COM

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Michael Hoestner

Address: 648 E Dover St

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): St Lucas

Email: _____

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Cynthia Martinez

Address: 624 E DOVER ST

City: MKE ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: MARTINEZ ROLANIZ

Address: 624 E DOVER ST

City: MILW ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: LILLIAN KOSZEWSKI

Address: 2552 S LENOX ST

City: MILW ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: JULIA TAYLOR

Address: 3432 N. SHEPARD AVE

City: MILWAUKEE ZIP CODE: WI

Organization Represented (if any): GREATER MILWAUKEE
Email: COMM

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: JAMIE GLINBERG

Address: 151 W. DOAN RD

City: Fox Point ZIP CODE: 53217

Organization Represented (if any): _____

Email: _____

I wish to speak.

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Please **PRINT**

Name: Ericka Tipton

Address: 5915 W. Holt Ave.

City: Milw. ZIP CODE: 53219

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name:

Pat Boettcher

Address:

2552 S. Brisbane

City:

Milwaukee

ZIP CODE:

53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Wendy Greenfield

Address: St. Lucas, 648. E Dover

City: _____ ZIP CODE: _____

Organization Represented (if any): St. Lucas

Email: wgreenfield@stlucas.org

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: JOHN BIEBERITZ

Address: N36 W7505 BUCHMAN CT

City: CEDARBURG ZIP CODE: 53012

Organization Represented (if any): DOVER TOWNHOME HOUSING -
Email: _____

I wish to speak. - IF ASKED QUESTIONS ON TRAFFIC
 I do not wish to speak.

TRAFFIC ANALYSIS + DESIGN, INC

OFFICE OF THE CITY CLERK
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Please **PRINT**

Name:

JOE KATZ

Address:

2320-22 S KINNICKINNIC AVE

City:

MILW

ZIP CODE:

53207

Organization Represented (if any):

SUMO LLC / HILTBURY PUB

Email:

JOE@TIFHILTBURY.COM

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: Jamila Wright

Address: 1420 W. Center St., Ste 2

City: Milwaukee ZIP CODE: 53206

Organization Represented (if any): Mares Development Group, LLC

Email: Jamila@maresllc.com

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Jackie Burnett

Address: 1420 W. Center St, ste 2

City: Milwaukee ZIP CODE: 53206

Organization Represented (if any): Maures Development Group

Email: jackie@mauresllc.com

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: Claudia Gutierrez

Address: 623 E. Potter Ave.

City: Milwaukee WI ZIP CODE: 53207

Organization Represented (if any): _____

Email: Clagemu@yaho.com

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: John Power

Address: 2718 S Howell Ave

City: MILWAUKEE ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

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Please PRINT

Name:

ROGER KAY

Address:

1325 E POTTER AVE

City:

Milwaukee

ZIP CODE:

53227

Organization Represented (if any):

Email:

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Melissa Goins

Address: 1420 W Center St Suite 2

City: Milw ZIP CODE: 53206

Organization Represented (if any): Maures Development

Email: melissa@mauresllc.com

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I do not wish to speak.

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Please PRINT

Name: JAY BULLOCK

Address: 3222 S 15th ST

City: MILWAUKEE ZIP CODE: 53215

Organization Represented (if any): _____

Email: jaybullock@mac.com

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Ellen Higgins

Address: Common Bond Committee

City: St Paul MN ZIP CODE: 55104

Organization Represented (if any): _____

Email: Higgins@commonbond.org

I wish to speak.

I do not wish to speak.

5

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Please **PRINT**

Name: MARK ERNST

Address: 320 E BUFFALO

City: MWK ZIP CODE: 53202

Organization Represented (if any): ENGBERG ANDERSON LLC

Email: mark.ernst@eadp.com

I wish to speak.

I do not wish to speak.

4

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Please PRINT

Name: JOHN GROM

Address: 2708 S HOWELL AVE

City: MILW. ZIP CODE: 53202

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Danielle Schneider

Address: 610 e Dover St.

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

opposed

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Please PRINT

Name: Rose Stempski

Address: 552 E. DOVER ST.

City: Milw ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

oppose

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Re: 131297 - Resolution approving conveyance of the former Dover Elementary School at 619 East Dover Street by the Milwaukee Board of School Directors, in the 14th Aldermanic District.

Please PRINT

Name: Bob Schneider

Address: 610 E. Dover St.

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): _____

Email: Bob53207@gmail.com

I wish to speak.

I do not wish to speak.

07/23/14

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Please **PRINT**

Name: Patty Thompson

Address: 2720 S. Delaware Ave

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): none

Email: pattypt@gmail.com

I wish to speak.

I do not wish to speak.

Support

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Please PRINT

Name: CINDY RANDALL

Address: 635 E POTTER AVE

City: MILWAUKEE ZIP CODE: 53207

Organization Represented (if any): cd

Email: CINDYRANDALL@gmail.com

I wish to speak.

I do not wish to speak.

oppose

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CITY OF MILWAUKEE**

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The Special Zoning, Neighborhoods & Development Committee Meeting is scheduled for April 21, 2014, in Room 301-B, 3rd Floor, City Hall

At 10:00 AM

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Re: 131297 - Resolution approving conveyance of the former Dover Elementary School at 619 East Dover Street by the Milwaukee Board of School Directors, in the 14th Aldermanic District.

Please PRINT

Name: Bryan Bergner

Address: 549 E. Potter Ave

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

Support

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

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Re: 131297 - Resolution approving conveyance of the former Dover Elementary School at 619 East Dover Street by the Milwaukee Board of School Directors, in the 14th Aldermanic District.

Please PRINT

Name: Rekha Patel

Address: 600 E DOVER ST

City: MKE ZIP CODE: 53207

Organization Represented (if any):

Email: rekha.patel32@yahoo.com

I wish to speak.

I do not wish to speak.

oppose

OFFICE OF THE CITY CLERK
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Please PRINT

Name: David FONS

Address: 648 E DOVER ST

City: Milw. ZIP CODE: 53207

Organization Represented (if any): ST LUCAS School & Church
Email: _____

I wish to speak. if asked.

I do not wish to speak.

**OFFICE OF THE CITY CLERK
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Please PRINT

Name: Mary Lou Ketterhagen

Address: 631 E Potter Ave

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): _____

Email: MLKetter@aol.com

I wish to speak.

I do not wish to speak.

OFFICE OF THE CITY CLERK
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Re: 131297 - Resolution approving conveyance of the former Dover Elementary School at 619 East Dover Street by the Milwaukee Board of School Directors, in the 14th Aldermanic District.

Please PRINT

Name: Jim Gilmore

Address: 206 E. Plainfield

City: Milw ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

**OFFICE OF THE CITY CLERK
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Please PRINT

Name: John Daniels

Address: 411 E. Wisconsin

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): Greater Milwaukee Comm. Dev. Chair
Email: _____

I wish to speak.

I do not wish to speak.

**OFFICE OF THE CITY CLERK
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Please **PRINT**

Name: Eileen Wastak

Address: 3691 S. Clement Ave.

City: Milw ZIP CODE: WI

Organization Represented (if any): resident - ret. MPS teacher

Email: wastak@sbcglobal.net

I wish to speak.

I do not wish to speak.

**OFFICE OF THE CITY CLERK
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Please **PRINT**

Name: KRIS MARTINSEK

Address: 1325 E Potter Ave

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): Resident + Business Owner
Email: _____

I wish to speak.

I do not wish to speak.

**OFFICE OF THE CITY CLERK
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Please **PRINT**

Name: KORI SCHNEIDER PERAGINE

Address: 600 E. Mason St.

City: MILWAUKEE ZIP CODE: 53202

Organization Represented (if any): Metro Milwaukee Fair Housing Council
Email: _____

I wish to speak.

I do not wish to speak.

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

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Please PRINT

Name: Marcy Blaufuss

Address: 2010 E. Estes St.

City: Milw. ZIP CODE: 53207

Organization Represented (if any): resident, retired teacher - Dover St. School
Email: Marcy Blaufuss @ gmail.com

I wish to speak.

 I do not wish to speak.

Favor

OFFICE OF THE CITY CLERK
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Please PRINT

Name: Bethany Sanchez

Address: 1945 W. 2nd St.

City: MKE ZIP CODE: 53212

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

Support

**OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE**

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Re: 131297 - Resolution approving conveyance of the former Dover Elementary School at 619 East Dover Street by the Milwaukee Board of School Directors, in the 14th Aldermanic District.

Please PRINT

Name: Zak Williams

Address: 553 E Dover St

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

Support

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CITY OF MILWAUKEE

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Please PRINT

Name: JEFFREY J. BEREZINSKI

Address: 3704 SOUTH HERMAN STREET

City: MILWAUKEE ZIP CODE: 53207

Organization Represented (if any): SELF / INDEPENDENT FILMMAKER

Email: DRECHOPPER@WI/RR.COM

I wish to speak.

I do not wish to speak.

Oppose

25

**OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE**

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Please **PRINT**

Name: Darryl E. Mandel

Address: 825 N. Prospect

City: Milw. ZIP CODE: 53202

Organization Represented (if any): Greater Milw. Committee

Email: dmandel@mandelgroup.com

I wish to speak.

I do not wish to speak.

OFFICE OF THE CITY CLERK
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Please PRINT

Name: SARAH JONAS

Address: 752 E HOMER ST

City: Mil ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

Support

27

**OFFICE OF THE CITY CLERK
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Please PRINT

Name: Melissa Pare

Address: 713 E. Potter

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

OFFICE OF THE CITY CLERK
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Please PRINT

Name: Michael Pare

Address: 713 E. POTTER AVE

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): NONE

Email: mikeparestudio@gmail.com

I wish to speak.

I do not wish to speak.

~~24~~
29

**OFFICE OF THE CITY CLERK
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Please PRINT

Name: Renee Dzedzic

Address: 427 E. Russell

City: Milw ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

oppose

30

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Please **PRINT**

Name: Daniel Dredic

Address: 427 E. Russell Ave.

City: Milw ZIP CODE: 53207

Organization Represented (if any): _____

Email: danraejag@wi,rr.com

I wish to speak.

oppose

I do not wish to speak.

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Please PRINT

Name: Jody Bloyer

Address: 3964 S. Arctic Ave

City: St. Francis ZIP CODE: 53235

Organization Represented (if any): MPS

Email: _____

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Michael Harris

Address: 3770 N. 52nd St

City: Milw ZIP CODE: 53216

Organization Represented (if any): MPS

Email: harrism3@milwaukee.k12.wi.us

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: Maureen Dunn

Address: 3302 S Pennsylvania Ave

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: Paula Phillips

Address: 3817 W National Ave Apt 54

City: Milwaukee ZIP CODE: 53215

Organization Represented (if any): City Year

Email: p.phillips@cityyear.org

I wish to speak.

I do not wish to speak.

Support

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Re: 131297 - Resolution approving conveyance of the former Dover Elementary School at 619 East Dover Street by the Milwaukee Board of School Directors, in the 14th Aldermanic District.

Please **PRINT**

Name: Shayna Kurland

Address: 2549 S Howell Ave

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): -

Email: shaynakurland@gmail.com

I wish to speak.

I do not wish to speak.

OFFICE OF THE CITY CLERK
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Please PRINT

Name: Eron Labor

Address: 351 E. Dover St.

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): _____

Email: erona@photo.com

I wish to speak.

I do not wish to speak.

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Please PRINT


Name: LURAO BROWER

Address: 3537 S BRUST

City: MILWAUKEE ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak. 

I do not wish to speak.

**OFFICE OF THE CITY CLERK
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Please **PRINT**

Name: Rosetta M. Conti, Richard Conti SR

Address: 719 E. Russell Av.

City: Milw. ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

SR

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Re: 131297 - Resolution approving conveyance of the former Dover Elementary School at 619 East Dover Street by the Milwaukee Board of School Directors, in the 14th Aldermanic District.

Please **PRINT**

Name: Claudia Gutierrez

Address: 423 E. Potter Ave

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: Julio Basurto

Address: 623 E. Potter Ave

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

41

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Please PRINT

Name: Edna Basurto

Address: 623k E. Potter Ave

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

42

OFFICE OF THE CITY CLERK
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Please PRINT

Name: IAN ABSTON

Address: 161 West Wi Ave

City: Milwaukee ZIP CODE: 53203

Organization Represented (if any): NewWalker

Email: ian@NewWalker.com

I wish to speak.

I do not wish to speak.

43

OFFICE OF THE CITY CLERK
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Re: 131297 - Resolution approving conveyance of the former Dover Elementary School at 619 East Dover Street by the Milwaukee Board of School Directors, in the 14th Aldermanic District.

Please PRINT

Name: Jeremy Fojt

Address: 225 KK Ave

City: Bay View ZIP CODE: _____

Organization Represented (if any): Newaukee

Email: Jeremy@Newaukee.com

I wish to speak.

I do not wish to speak.

44

**OFFICE OF THE CITY CLERK
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RE: 131770 - An ordinance relating to the change in zoning from Two-Family Residential to Detailed Planned Development to facilitate redevelopment on land located at 619 East Dover Street, on the south side of East Dover Street, west of South Kinnickinnic Avenue, in the 14th Aldermanic District.

Re: 131297 - Resolution approving conveyance of the former Dover Elementary School at 619 East Dover Street by the Milwaukee Board of School Directors, in the 14th Aldermanic District.

Please PRINT

Name: Janice m. Rantanen

Address: 639 E. Potter

City: Mil ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

oppos

45

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

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Please PRINT

Name: Stephanie Calloway

Address: 526 E. Dover St.

City: MKE ZIP CODE: 53207

Organization Represented (if any): _____

Email: stephaniec421@gmail.com

I wish to speak.

I do not wish to speak.

46

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Please PRINT

Name: Julio Basurto

Address: 623 E POTTER AVE

City: MILWAUKEE ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: Bruce Thompson

Address: 2837 N. Marietta Ave.

City: Milwaukee ZIP CODE: 53211

Organization Represented (if any): on board of Downtown Montessori
Email: _____

I wish to speak. In favor of proposal.

I do not wish to speak.

- 1) Good for attracting teachers
- 2) Creative re-use of otherwise empty building
- 3) Good for businesses
- 4) Will support current turnaround in City's population.

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Please PRINT

Name: Toni Spott

Address: 2940 E. Rhode Island Ave

City: Bay View ZIP CODE: 53207

Organization Represented (if any): _____

Email: Toni.Spott@yahoo.com

I wish to speak.

I do not wish to speak.

49

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Please PRINT

Name: RAJESH KANTER

Address: 2525 S. SHORE DR - 24F

City: MILWAUKEE ZIP CODE: 53207

Organization Represented (if any):

Email: RAJESH@AOL.COM

I wish to speak.

I do not wish to speak.

Support

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Please PRINT

Name: Stephanie HARLING

Address: 2549 S Superior

City: _____ ZIP CODE: 53107

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

5/22/14

51

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Please PRINT

Name: Elliott Magers

Address: 2747 S. Herman St.

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

opposed

57

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Please PRINT

Name: Chris Wacker

Address: 529 Homer St.

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): —

Email: —

I wish to speak. *if still here*

I do not wish to speak.

**I oppose this development.
Too many units*

53

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Please PRINT

Name: Gabriel Sanchez

Address: 2614 S. HOWELL

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): _____

Email: _____

I wish to speak.

I do not wish to speak.

54

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Please PRINT

Name: SONJA BROWN

Address: 2020 S. Pine Ave.

City: MILW. ZIP CODE: 53207

Organization Represented (if any): Self

Email: sonjakbrown@yahoo.com

I wish to speak.

I do not wish to speak.

opposed

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Please PRINT

Name: DEAN LA GROW

Address: 2810 S CLEMENT AVE

City: BAY VIEW ZIP CODE: 53207

Organization Represented (if any): -
Email: DEAN.LA.GROW@gmail.com

I wish to speak.

I do not wish to speak.

opposed

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Please PRINT

Name: WILLIAM ROULEAU (ROO-LOW)

Address: 1332 E Manitoba St

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): Bay View Business Owners
Email: leadowan@gmail.com

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: Lyle Balistreri

Address: 9316 W. MT. VERNON AV

City: Milw ZIP CODE: 53226

Organization Represented (if any): Private citizen

Email: lylebalistreri@aft.net

I wish to speak.

I do not wish to speak.