

OFFICE OF THE CITY CLERK  
CITY OF MILWAUKEE

REGISTRATION FORM

The Special Public Safety meeting on October 29, 2016.  
Pulaski High School  
2500 W. Oklahoma Ave.

9:30 AM

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

Please **PRINT**

Name: DARWIN P. CONSTANTINE

Address: 1542 S. 24TH ST.

City: MILW. ZIP CODE: 53204

Organization Represented (if any): \_\_\_\_\_

Email address: dcons@WI.RR.COM

I wish to speak.

I do not wish to speak.

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

Please **PRINT**

Name: Katie Cummings

Address: 3959 S 1st St

City: Milw ZIP CODE: 53207

Organization Represented (if any): FIRST STAGE

Email address: kcummings@firststage.org

I wish to speak.

I do not wish to speak.

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

Please **PRINT**

Name: Yaeshae Price

Address: \_\_\_\_\_

City: Milwaukee ZIP CODE: 53217

Organization Represented (if any): PEARLS

Email address: \_\_\_\_\_

I wish to speak.

I do not wish to speak.

4

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

Please **PRINT**

Name: GLENN FRANKOVIS

Address: 7008 W. CRAWFORD AVE.

City: MILWAUKEE ZIP CODE: 53220

Organization Represented (if any): N/A

Email address: —

I wish to speak.

I do not wish to speak.



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

Please **PRINT**

Name: Elizabeth Mueller

Address: 3024 N. Murray Ave

City: Milwaukee ZIP CODE: 53211

Organization Represented (if any): PEARLS for Teen Girls

Email address: elizabeth.mueller@

I wish to speak.

I do not wish to speak.

pearlsforteen girls.  
com

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Please **PRINT**

Name: Stephanie Roades

Address: 348 E. Clarence

City: Milwaukee ZIP CODE: \_\_\_\_\_

Organization Represented (if any): SWRJ MKE

Email address: SROADES78@gmail.com

I wish to speak.

I do not wish to speak.

9

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

Please **PRINT**

Name: Tina Kurth

Address: 2481 W. Walnut St

City: Milwaukee ZIP CODE: 53205

Organization Represented (if any): \_\_\_\_\_

Email address: \_\_\_\_\_

I wish to speak.

I do not wish to speak.



10

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

Please **PRINT**

Name: TeAngelo Cargile Jr

Address: 2435 W. Wisconsin Ave

City: Milwaukee ZIP CODE: 53233

Organization Represented (if any): Beyond the Bell/Prevent Blindness WI

Email address: teangelajr@gmail.com

I wish to speak.

I do not wish to speak.

(10)

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

Please **PRINT**

Name: Rafael Mercado

Address: 1603 so 92nd st

City: West Allis ZIP CODE: 53214

Organization Represented (if any): TEAM HAIO C

Email address: topqual21@yahoo.com

I wish to speak.

I do not wish to speak.



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

Please **PRINT**

Name: Betty Grinker

Address: 1105 S. 36th St.

City: Mil ZIP CODE: 53215

Organization Represented (if any): \_\_\_\_\_

Email address: egrinker@wi.rr.com

I wish to speak.

I do not wish to speak.

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

Please **PRINT**

Name: KATHERYN WILKINSON

Address: 520 N 92ND ST

City: MILWAUKEE ZIP CODE: 53226

Organization Represented (if any): \_\_\_\_\_

Email address: Katheryn.hope@gmail.com

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: LEE VALENTYN

Address: 2330 W MINERAL ST

City: MILWAUKEE, WI ZIP CODE: 53204

Organization Represented (if any): -

Email address: LEEVALENTYN@HOTMAIL.COM

I wish to speak.

I do not wish to speak.

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Name: LOIS EISENMENGER

Address: 2508 S LENOX ST

City: MILW. ZIP CODE: 53207

Organization Represented (if any): \_\_\_\_\_

Email address: \_\_\_\_\_

I wish to speak.

I do not wish to speak.

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Please PRINT

Name: PHILIP BLANK

Address: 4545 W Spencer Pl

City: MKE ZIP CODE: 53216

Organization Represented (if any): Melw Public Enterprise Ctee

Email address: pbhkw@ yahoo.com

I wish to speak.

I do not wish to speak.



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Please **PRINT**

Name: Lauren Feaster

Address: 1580 N Farnell Ave

City: Milwaukee ZIP CODE: 53202

Organization Represented (if any): Teach For America

Email address: lauren.feaster@teachforamerica.org

I wish to speak.

I do not wish to speak.

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Please PRINT

Name:

Robert BITTERS

Address:

3465 S. 81st St

City:

Milwaukee

ZIP CODE:

53219

Organization Represented (if any):

SENIORS

Email address:

I wish to speak.

I do not wish to speak.

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Please **PRINT**

Name: ANGELA RILEY

Address: 3003 W HAYES AVE

City: MILW ZIP CODE: ~~53210~~ 53215

Organization Represented (if any): LAYTON PARK SOUTH NEIGHBORS

Email address: lux.gela@gmail.com

I wish to speak.

I do not wish to speak.

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

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Name: Danell Cross

Address: 2470 N 46<sup>th</sup> Street

City: Milwaukee ZIP CODE: 53210

Organization Represented (if any): Resident / BNCP

Email address: \_\_\_\_\_

I wish to speak.

I do not wish to speak.

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Name: John Rakowski

Address: 452 E Waterford

City: Milw. ZIP CODE: 53207

Organization Represented (if any): none

Email address: jorak30@gmail.com

I wish to speak.

I do not wish to speak.

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

Please **PRINT**

Name: Angela Pruitt

Address: 2148 N 32nd St

City: Milw ZIP CODE: 53208

Organization Represented (if any): \_\_\_\_\_

Email address: angelapruitt2148@gmail.com

I wish to speak.

I do not wish to speak.

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

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Name: Lonnie Saffold

Address: 6352 N 84th

City: Mil. ZIP CODE: \_\_\_\_\_

Organization Represented (if any): \_\_\_\_\_

Email address: \_\_\_\_\_

I wish to speak.

I do not wish to speak.

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Name: Desiree Brown

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Organization Represented (if any): \_\_\_\_\_

Email address: \_\_\_\_\_

I wish to speak.

I do not wish to speak.