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OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Zoning, Neighborhoods and Development Committee

Date: 5/22/07

Regarding: Items 16a and 16b

061440 - Substitute resolution declaring the City-owned parking lot at 2574-90 North Downer Avenue surplus to municipal needs and authorizing its sale to DAPL, LLC, for mixed-use development, in the 3rd Aldermanic District.

070034 - Ordinance relating to the change in zoning from General Planned Development to a Detailed Planned Development known as Downer Avenue Redevelopment, Phase 1, on land located on the Southeast Corner of East Bellevue Place and North Downer Avenue, in the 3rd Aldermanic District.

Name: Linda J May

Your Name Phonetically (If you wish to speak): Linda May

Address: 2651 N Summit

City: Milw **ZIP Code:** 53211

Organization: (if any): _____

E-Mail Address: lindajmay@sbcglobal.net

(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

Downer
3

OFFICE OF THE CITY CLERK
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Name: SURA FARAJ

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

Address: 3029a N. Booth

City: Milw **ZIP Code:** 53212

Organization: (if any): RNA

E-Mail Address: peacoiscollectivepower@juvo.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: Nik Kovac

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

Address: 2911 N. Fratney Street

City: Milwaukee **ZIP Code:** 53212

Organization: (if any): _____

E-Mail Address: nikovac@gmail.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

(4) Wants to be moved down

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Name: Gail Fitch

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

Address: 1733 N. Cambridge Ave, #109

City: M **ZIP Code:** 53202

Organization: (if any): member of several!

E-Mail Address: gfitch@tds.net

(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

5

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Name: DAVID TOJEK

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

Address: 2656 N. SUMMIT AVE.

City: MILWAUKEE **ZIP Code:** 53211

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

I don't support this measure

I do not wish to speak

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Name: MARJORIE R. MAGUIRE

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

Address: 2712 E. Bradford Ave.

City: Milwaukee WI **ZIP Code:** 53211

Organization: (if any): homeowner

E-Mail Address: _____

(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: Dawn McCarthy

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

Address: 2589 N. Lake

City: _____ **ZIP Code:** 53211

Organization: (if any): _____

E-Mail Address: _____

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

- I support this measure
- I don't support this measure
- I wish to speak
- I do not wish to speak

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Name: Anne Bales

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

Address: 2739 N. Prospect Ave.

City: Milwaukee **ZIP Code:** 53211

Organization: (if any): _____

E-Mail Address: aebales@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: Pamela Frautski

Your Name Phonetically (If you wish to speak): Pam Frau-chee

Address: 2430 E Newberry

City: Milw **ZIP Code:** 53211

Organization: (if any): self - neighbors

E-Mail Address: phbmke1@juno.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: Downer Schlieman

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

Address: 1300 N Prospect

City: mil WI **ZIP Code:** 53202

Organization: (if any): myself

E-Mail Address: dschlieman@AOL.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

(11)

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Name: Ellen Blank

Your Name Phonetically (If you wish to speak): ellen blank

Address: 2608 N. Summit Ave.

City: Milwaukee **ZIP Code:** 53211

Organization: (if any): _____

E-Mail Address: eblank@execpc.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: Elaine Schwartz

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

Address: 2585 North Summit

City: Milwaukee **ZIP Code:** 53211

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

I don't support this measure

I do not wish to speak

Mixed Support

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Name: ALAN CHAPIN

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

Address: 2551 N. Prospect Ave

City: Milwaukee **ZIP Code:** 53211

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

I don't support this measure

I do not wish to speak

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Name: JANE C. STEARNE

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

Address: 2605 N. SUMMIT AV

City: MILW **ZIP Code:** 53211

Organization: (if any): RESIDENT - OWNER - TAX PAYER

E-Mail Address: _____

(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: Ther Kounce

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

Address: 2623 E. Bellevue

City: Milwaukee **ZIP Code:** 5324

Organization: (if any): Self

E-Mail Address: _____

(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

I oppose these items

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Name: Peter Kovac

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

Address: 2623 E Bellevue

City: Milwaukee **ZIP Code:** 5324

Organization: (if any): Self

E-Mail Address: _____

(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

oppose these measures

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Name:

Ryan Mironczuk

Your Name Phonetically (If you wish to speak):

Ryan Mer-on-chock

Address:

618 E Clark St.

City:

Milwaukee

ZIP Code:

53212

Organization: (if any):

Riverwest Neighborhood Association

E-Mail Address:

RLM2@down.edu

(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: William Dean

Your Name Phonetically (If you wish to speak): William Dean

Address: 618 E. Clark

City: Milwaukee **ZIP Code:** 53212

Organization: (if any): River West Neighborhood Association

E-Mail Address: Wdean@uwm.edu

(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: BORIS GOKHMAN

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

Address: ~~1303~~ 2010 E. WINDSOR PLACE

City: MILWAUKEE **ZIP Code:** 53202

Organization: (if any): NEW LAND ENTERPRISES

E-Mail Address: _____

(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: Mike Jamaica

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

Address: 2704 N HACKETT #6

City: MILWAUKEE **ZIP Code:** 53211

Organization: (if any): CHILDREN DISABLED IN MILWAUKEE

E-Mail Address: LULLOFFMIKE@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

I wish to provide important information that I have provided George W Bush

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Name: Mary E. Lux

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

Address: 2815 E. Hartford Ave

City: Milwaukee **ZIP Code:** 53211

Organization: (if any): _____

E-Mail Address: mlux@execpc.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: Madeline Norton

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

Address: 2608 N. Summit Ave.

City: Milwaukee **ZIP Code:** 53211

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

I don't support this measure

I do not wish to speak

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Name: Karen Sturm

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

Address: 1819 E. Kenwood Blvd

City: Milwaukee **ZIP Code:** 53211

Organization: (if any): Murray Hill Neighborhood Assn

E-Mail Address: zeldachow@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: AGNES STEARNS

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

Address: 2605 N. SUMMIT AVE

City: MILWAUKEE WI **ZIP Code:** 53211

Organization: (if any): _____

E-Mail Address: _____

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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: Gabriele A. Eschweiler

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

Address: 2659 No. Teccace Ave

City: Milwaukee **ZIP Code:** 53211

Organization: (if any): Water Tower Landmarks Trust

E-Mail Address: _____

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

~~I support this measure~~

I wish to speak

Yes I don't support this measure
I am against it

I do not wish to speak

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Name: Bill Martin

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

Address: 2705 N. Sheppard Ave #5

City: Milwaukee **ZIP Code:** 53211

Organization: (if any): _____

E-Mail Address: wmpmartin@gmail.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