

No. _____

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

REGISTRATION FORM

The Public Safety Committee Meeting

May 6, 2013, 2013 at 1:30 P.M.

Room 301-B, 3rd Floor, City Hall

RE FILE: 111222 - A substitute ordinance relating to the issuance of new public passenger vehicle permits for taxicabs, the frequency of vehicle inspections, and vehicle standards and equipment requirements.

Name: DAVID TATAROWICZ

Please PRINT your name if you wish to speak. Please note that it is the intention of the Chair to take oral testimony only from those individuals NOT involved with the taxicab industry.

Address: 2510 A S Kinnickinnic

City: Milwaukee Zip Code: WI 53207

Organization Represented (if any): Jeremiah Supplies

I wish to speak.

I do not wish to speak.

No. _____

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Name: County Sup. Jason Haas

Please PRINT your name if you wish to speak. Please note that it is the intention of the Chair to take oral testimony only from those individuals NOT involved with the taxicab industry.

Address: 3422 S. Pennsylvania Ave

City: Milw Zip Code: 53207

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. _____

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Name: Riyad Snobar

Please PRINT your name if you wish to speak. Please note that it is the intention of the Chair to take oral testimony only from those individuals NOT involved with the taxicab industry.

Address: 721 W Grange ave

City: Milw Zip Code: WI 53221

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. 6

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REGISTRATION FORM

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Name: GHAN SHAM (GARY)

Please PRINT your name if you wish to speak. Please note that it is the intention of the Chair to take oral testimony only from those individuals NOT involved with the taxicab industry.

Address: Appleton Ave

City: Milwaukee Zip Code: 53216

Organization Represented (if any): OWNER (1) CAPITAL MANOR
(2) AMERICAN INN

I wish to speak.

I do not wish to speak.

No. 5

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Name: Bennie Lewis

Please PRINT your name if you wish to speak. Please note that it is the intention of the Chair to take oral testimony only from those individuals NOT involved with the taxicab industry.

Address: 4548 W. 85th St

City: Milwaukee WI Zip Code: 53225

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. 4

**OFFICE OF THE CITY CLERK
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Name: Paul Upchurch

Please PRINT your name if you wish to speak. Please note that it is the intention of the Chair to take oral testimony only from those individuals NOT involved with the taxicab industry.

Address: 648 N. Plankinton Ave Ste 425

City: Milwaukee WI Zip Code: 53203

Organization Represented (if any): VISIT Milwaukee

I wish to speak.

I do not wish to speak.

No. 3

**OFFICE OF THE CITY CLERK
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Name: MICHAEL DIETRICH

Please PRINT your name if you wish to speak. Please note that it is the intention of the Chair to take oral testimony only from those individuals NOT involved with the taxicab industry.

Address: 569 W 13442 HALE PARK COURT

City: MUSKEGO Zip Code: 53150

Organization Represented (if any): HILTON MILWAUKEE RIVER HOTEL

I wish to speak.

I do not wish to speak.

No. 2

**OFFICE OF THE CITY CLERK
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Name: HARPREET KHANGORA

Please PRINT your name if you wish to speak. Please note that it is the intention of the Chair to take oral testimony only from those individuals NOT involved with the taxicab industry.

Address: OWNEY Economy INN Motel
7224 W Appleton ave

City: Milwaukee, WI Zip Code: 53212

Organization Represented (if any): Hotel /motel North Side

I wish to speak.

I do not wish to speak.

No. /

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Name: Robert Grosch

Please PRINT your name if you wish to speak. Please note that it is the intention of the Chair to take oral testimony only from those individuals NOT involved with the taxicab industry.

Address: 3509 E Plankinton

City: Cudahy Zip Code: 53110

Organization Represented (if any): MCHA

I wish to speak.

I do not wish to speak.