

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

REGISTRATION FORM

The Public Safety and Health Committee Meeting, in Room 301-B,
3rd Floor, City Hall.
10/5/17

At 9:00 am

RE: Communication from the Sherman Park Neighborhood Association and Milwaukee Police Department relative to reckless driving in the city of Milwaukee.

Please **PRINT**

Name: Lena Taylor

Address: 1518 W Capitol Dr

City: Milwaukee ZIP CODE: 53206

Organization Represented (if any): _____

Email Address: Sen.taylor@legis.wi.gov

I wish to speak.

I do not wish to speak.

- ~~FPC~~
- Lead
Community Police - g

LEAD ISSUE #7
5

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Please **PRINT**

Name: JEFF GRZECA / CHRIS THIEL

Address: 5225 N. Vliet

City: Milw ZIP CODE: 53208

Organization Represented (if any): Milw Public Schools

Email Address: GRZECAJE@MILWAUKEE.K12.WI.US

I wish to speak.

I do not wish to speak.

Lead # 7

(4)

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Please **PRINT**

Name: Robert + MIRANDA

Address: 5215 S. 24th ST

City: Milw, WI ZIP CODE: 53221

Organization Represented (if any): FLAC

Email Address: RMIRANDA@WI.PP.COM

I wish to speak.

I do not wish to speak.

#17

3

lead issue

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Please **PRINT**

Name: SHERRIE TUSSLER

Address: 3402 W. ST PAUL

City: MKE ZIP CODE: 53208

Organization Represented (if any): HUNGER TASK FORCE

Email Address: SHERRIE.HUNGERTASKFORCE.ORG

I wish to speak.

I do not wish to speak.

7

Lead
Issue

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①

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Please **PRINT**

Name: Terry Wiggins

Address: 224 E Lloyd St #2

City: Milw ZIP CODE: 53212

Organization Represented (if any): _____

Email Address: terry.wiggins50@gmail.com

I wish to speak.

I do not wish to speak.

Lead Issue

#7 ②

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Please **PRINT**

Name: Dr. Elizabeth Neary - Pediatrician

Address: 428 Virginia Terr.

City: MADISON ZIP CODE: 53726

Organization Represented (if any): _____

Email Address: ejneary@wisc.edu

I wish to speak.

I do not wish to speak.