

No. _____

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: Calvin A. Lee
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 2211 N Booth St.

City: Milw Zip Code: 53212

Organization Represented (if any): AFSCME DC 48

I wish to speak.

I do not wish to speak.

No. _____

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: Pasta Henderson-wood
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak

Address: 5174N35SE

City: milwi Zip Code: 53209

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. _____

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: Shirley Wood
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak

Address: 4578 N 39 St

City: Milwaukee WI Zip Code: 53209

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. _____

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: Ann Marie Muller
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak

Address: 2804 E Newberry Blvd

City: Milwaukee Zip Code: 53211

Organization Represented (if any): Common Council

I wish to speak.

I do not wish to speak.

No. _____

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: MARCO SHIPIONE
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 2817 N. 68th ST

City: MILW Zip Code: 53210

Organization Represented (if any): FURSTRY

I wish to speak.

I do not wish to speak.

No. _____

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: William Dummer
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 5109 Washington Blvd.

City: M.I. Zip Code: 53208

Organization Represented (if any): Common Ground

I wish to speak.

I do not wish to speak.

No. _____

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: Barry Minis
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak

Address: 4265 N 30th ST

City: Milw. Zip Code: 53216

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. 4-

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: Sam McGovern - Bowen
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak

Address: 3034 N. Stowell Ave

City: Milwaukee WI Zip Code: 53211

Organization Represented (if any): Northwest Side CDC

I wish to speak.

I do not wish to speak.

No. _____

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: Coylene Dondson
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak

Address: 2716 N Stowell

City: Milw. Zip Code: 53211

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. _____

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: Petar Kovac
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 2673 E Bellevue Pl

City: Milwaukee Zip Code: 53211

Organization Represented (if any): self

I wish to speak.

I do not wish to speak.

No. _____

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: CHRISTINE JEWIK
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 2716 N. STOWELL

City: MIL WI Zip Code: 53211

Organization Represented (if any): MY SELF

I wish to speak.

I do not wish to speak.

- PROTEST TAX INCREASE
- TAXES ARE TOO HIGH FOR THE
POOR, BAD SERVICE THE EAST
SIDE GET!!!
- DID YOU REMEMBER THIS IS RECESSION!

No. _____

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: _____

Anna Bentz

speak

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to

Address: _____

2241 S. Winchester

City: _____

MKE

Zip Code: _____

53207

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. _____

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: Rosalind Rae Johnston
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 2822 N. Fratney St.

City: Milw. Zip Code: 53212

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. _____

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: ANNIE J JONES
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak

Address: 5704 N 94 ST

City: MILW, WI Zip Code: 53225

Organization Represented (if any): Local 1091

I wish to speak.

I do not wish to speak.

No. _____

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CITY OF MILWAUKEE**

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: RAYMOND N. DONALDSON
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak

Address: 8016 W VILLARD

City: MILWAUKEE WI Zip Code: 53218

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. _____

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CITY OF MILWAUKEE**

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: Sangita Nayak
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak

Address: 3122 S. 9th Place

City: Milwaukee Zip Code: 53215

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. _____

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: Diane Henderson - Stokes
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak

Address: 1562 N. 29th st.

City: Milwaukee Zip Code: 53202

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. 67

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: Jesse Wilson
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak

Address: 2948 N. 21st

City: Milwaukee Zip Code: 53208

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. 03

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: EDITH A. McFADDEN
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak

Address: 2823 N. SUMMIT AVE

City: MILWAUKEE, WI Zip Code: 53211

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. 21

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: Belinda Morris
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 3229 N 24 ST

City: Milw Zip Code: 53200

Organization Represented (if any): AFSCME

I wish to speak.

I do not wish to speak.

No. 49

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: FRANCISCO ENRIQUEZ
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak

Address: 3144 South 39th ST

City: Milwaukee WI Zip Code: 53215

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

Protect our public
libraries and parks

No. 56

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: Anthony Boyd
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 4519 North

City: Milwaukee Zip Code: 53209

Organization Represented (if any): _____

- I wish to speak.
 I do not wish to speak.

No. 48

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: PAM DOR-RIS
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 2719 N. STOWELL AVE

City: MILWAUKEE Zip Code: 53211

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

NO NEW TAXES!
WE DON'T GET SERVICES
NOW — we won't get
'em even if we pay!

No. 37

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: JUDY THORS-NIM
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 3205 N BREMEN

City: _____ Zip Code: 53212

Organization Represented (if any): PUBLIC HEALTH NURSES

I wish to speak.

I do not wish to speak.

SEIU

No. 26

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: Harriet Breitzman
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak

Address: 1550 S. 59

City: West Allis Zip Code: 53216

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. 24

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: Helen Rude
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak

Address: 4913 W Colonial Ct

City: Greenfield Zip Code: 53229

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.

No. 15

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: REV ROBERT E. BRIGGS
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 2762 N 38th St

City: Milwaukee Zip Code: 53210

Organization Represented (if any): GOD'S P. COMM. CH -

I wish to speak.

I do not wish to speak.

No. 22

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

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: Michael Mars
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak

Address: 2115 N. Hi Mt Bldg

City: Milw Zip Code: _____

Organization Represented (if any): _____

I wish to speak.

I do not wish to speak.