

No. \_\_\_\_\_

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

**REGISTRATION FORM**

Licenses Committee Meeting on  
Tuesday, September 8, 2015

File 141893 - A substitute ordinance relating to the licensing and regulation of recycling, salvaging and towing businesses and activities.

PLEASE PRINT YOUR NAME CLEARLY, if you wish to speak

Address: 2640 W - Greaves St

City: MIL Zip Code: 53233

Organization Represented (if any): All Star Towing

I wish to speak.

No  I do not wish to speak.



No. \_\_\_\_\_

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File 141893 - A substitute ordinance relating to the licensing and regulation of recycling, salvaging and towing businesses and activities.

PLEASE PRINT YOUR NAME CLEARLY, if you wish to speak

Address: 2640 W Groves

City: Milwaukee Zip Code: 53215

Organization Represented (if any): General Towing LLC

I wish to speak.

I do not wish to speak.

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File 141893 - A substitute ordinance relating to the licensing and regulation of recycling, salvaging and towing businesses and activities.

PLEASE PRINT YOUR NAME CLEARLY, if you wish to speak

Address: 4957A N. 24

City: Milwaukee Zip Code: 53209

Organization Represented (if any): Budget Towing

I wish to speak.

I do not wish to speak.

*I oppose for new rules and regulations*

No. \_\_\_\_\_

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PLEASE PRINT YOUR NAME CLEARLY, if you wish to speak

Address: 8517 W. KAUL AVENUE ~~NEW~~

City: MILWAUKEE Zip Code: 53225

Organization Represented (if any): KMK TOWING & RECOVERY LLC

I wish to speak.

I do not wish to speak.

I OPPOSE for proposed new rules & regulations.

No. \_\_\_\_\_

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PLEASE PRINT YOUR NAME CLEARLY, if you wish to speak

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

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

I wish to speak.

I do not wish to speak.

No. \_\_\_\_\_

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PLEASE PRINT YOUR NAME CLEARLY, if you wish to speak

Address: ARTHUR ARNSTEIN

City: 3232 W FORDS AVE Zip Code: 53210

Organization Represented (if any): United Milk Scrap

I wish to speak.

I do not wish to speak.

No. \_\_\_\_\_

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PLEASE PRINT YOUR NAME CLEARLY, if you wish to speak

Address: Mill Valley (Tony Teich)

City: Milwaukee WI Zip Code: 53204

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

I wish to speak.

I do not wish to speak.

No. \_\_\_\_\_

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PLEASE PRINT YOUR NAME CLEARLY, if you wish to speak

Address: 1004 S Barclay Street  
City: Milwaukee Zip Code: 53204  
Organization Represented (if any): Larry Erlich

I wish to speak.

I do not wish to speak.



No. \_\_\_\_\_

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PLEASE PRINT YOUR NAME CLEARLY, if you wish to speak

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

I wish to speak.

I do not wish to speak.

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PLEASE PRINT YOUR NAME CLEARLY, if you wish to speak

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

\_\_\_\_\_ I wish to speak.

\_\_\_\_\_ I do not wish to speak.

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

I wish to speak.

I do not wish to speak.

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City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

\_\_\_\_\_ I wish to speak.

\_\_\_\_\_ I do not wish to speak.

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City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

\_\_\_\_\_ I wish to speak.

\_\_\_\_\_ I do not wish to speak.