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**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: Christine Maciejewski

Address: 3732 N. Linden St.

City: Milwaukee ZIP CODE: 53216

Organization Represented (if any): Sherman Park Neighborhood Assn.

Email Address: cmmaciejewski@yahoo.com

I wish to speak.

I do not wish to speak.

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

Please **PRINT**

Name: MARC EMMONS

Address: 3834 N 56

City: MILW ZIP CODE: 53216

Organization Represented (if any): GRASSLAND MANDR

Email Address: MKEMMONS@OUTLOOK.COM

I wish to speak.

I do not wish to speak.

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

Please **PRINT**

Name: Debra Fields

Address: P.O. Box 05311

City: Milwaukee ZIP CODE: 53205

Organization Represented (if any): _____

Email Address: _____

I wish to speak.

I do not wish to speak.

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**RE: Communication from the Sherman Park Neighborhood Association and
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Milwaukee.**

Please **PRINT**

Name: BOB HUSAR

Address: 4272 N 75 ST

City: Milwaukee ZIP CODE: 53216

Organization Represented (if any): _____

Email Address: _____

I wish to speak.

I do not wish to speak.

