

COMMON COUNCIL / CITY CLERK'S OFFICE
HISTORIC PRESERVATION COMMISSION

Date of Meeting:

Relating to Item (number on agenda) Modjeska Theatre

Give brief title of item: Mothball Status Extension Request

Name: Bob SHEEHY Address: 10250 N. Range Line Ct.

City: Mequon State WI Zip _____ E-Mail bob.sheehy@gmail.com

Representing: MSPDC Board member

I AM IN FAVOR OF PROPOSAL AND . . .

I wish to speak I do not wish to speak

I AM OPPOSED TO THE PROPOSAL AND . . .

I wish to speak I do not wish to speak

I wish to be placed on the mailing list / E-MAIL list for this item & notified of any further actions.

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HISTORIC PRESERVATION COMMISSION

Date of Meeting:

Relating to Item (number on agenda) Modjeska Theater

Give brief title of item: Modjeska Moth Ball

Name: Tom VAVRA Address: 1005 S 1st ST

City: MILW State WI Zip 53204 E-Mail _____

Representing: _____

I AM IN FAVOR OF PROPOSAL AND . . .

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