

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

BRONZEVILLE ADVISORY COMMITTEE
JOINT PUBLIC COMMUNITY MEETING

Wednesday, April 9, 2025 at 5:30 PM

Hillside Family Health Center
1452 N. 7th St.
Milwaukee, WI 53205

**RE: Central City Plaza Historic District permanent historic designation
between W. Walnut St. and W. Vine St. and N. 6th St. and N. 7th St.**

PLEASE PRINT

Name: Clinton Sella

Address: 829 S. 1ST ST.

City: MILWAUKEE ZIP CODE: WI

E-Mail:
Csella@brayarch.com

Organization Represented (if any):
BRAY ARCHITECTS / SALVATION ARMY

☒ I wish to speak.

☐ I do not wish to speak.

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PLEASE PRINT

Name:

Major Rachel Stouder, The Salvation Army

Address: 1730 N. 7th St.

City: _____ ZIP CODE: _____

E-Mail:

rachel.stouder@usc.salvationarmy.org

Organization Represented (if any):

The Salvation Army

☒ I wish to speak.

☐ I do not wish to speak.

Major Jeremy Stouder
Major Beverly Gates

1

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PLEASE PRINT

Name:

Kim A. Robinson SR

Address:

N77W23885 Sun Valley Run

City:

SUSSEX, WI

ZIP CODE: 53089

E-Mail:

KimFOTO39@sbcsbcglobal.net

Organization Represented (if any):

Dacemomo (CCP)

☒ I wish to speak.

☐ I do not wish to speak.

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PLEASE PRINT

Name:

Lakeidra Madison

Address: 1640 N. Mayflower Ct

City: Milwaukee

ZIP CODE: 53205

E-Mail:

lakeidra.madison@hacm.org

Organization Represented (if any):

☒ I wish to speak.

☐ I do not wish to speak.

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PLEASE PRINT

Name: RANDY BRYANT

Address: 2022 EAST LAFAYETTE

City: MILW WI

ZIP CODE: 53202

E-Mail:

RBRYANT@TENCHIMNEYS.ORG

Organization Represented (if any):

☐ I wish to speak.

☒ MAYBE

☐ I do not wish to speak.

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PLEASE PRINT

Name: Joselia Mendiola

Address: 2551 N. FRATNEY ST

City: Milwaukee ZIP CODE: 53212

E-Mail:

joselia.mendiola@gmail.com

Organization Represented (if any):

Milwaukee Preservation Alliance

☒ I wish to speak.

☐ I do not wish to speak.

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PLEASE PRINT

Name:

Shirley Warren

Address:

2020 North 4th Street

City:

Milwaukee

ZIP CODE:

53212

E-Mail:

Shutwarren@gmail.com

Organization Represented (if any):

☐ I wish to speak.

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PLEASE PRINT

Name:

Seth Terhaar

Address: 3032 W Pierce St

City: Milwaukee ZIP CODE: 53215

E-Mail:

~~Seth.terhaar@~~ docomomafellow@gmail.com

Organization Represented (if any):

Docomomo WI

☐ I wish to speak.

☒ I do not wish to speak.