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REGISTRATION FORM

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Name:—	PLEASE PRINT	YOUR 1	NAME	PHONETICALI	LY, if you wish to
speak		ń		and the same of th	
Address:	Sur P. Suren D.	g o de la compa	24	<u> And I II.</u>	
grand and an	TOUL.	411	:	Zip Code:_	53127
City:——	3 (* 6				
Organizat	tion Represented (if	any):			
	I wish to spea	k.			
	I do not wish	to speak.			

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REGISTRATION FORM

Carina Rasa
Name: PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak
Address: 25/1 W. McKinley Blvd
City: Zip Code: 5308
Organization Represented (if any): ME LABT Community Center
I wish to speak.
I do not wish to speak.

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REGISTRATION FORM

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Name	PLEASE PR	NT YOUR NA	ME PHONETIC	ALLY, if you wish to
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Address	: 3427		The second distribution of the second	<u> </u>
Cien			Zip Co	de: <u>53208</u>
City:—			<u> </u>	(50.48)
Organiz	ation Represented	l (if any):		
where	I wish to	speak.		
de de la companya de	I do not v	ish to speak.		

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REGISTRATION FORM

Common Country
Name: STEVEN OLGUIN (OLGING) Name: STEVEN OLGUIN (OLGING)
Name: PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
DELL ST ONIBURMA OV.
City: Zip Code: 3322 /
Organization Represented (if any):
I wish to speak.
I do not wish to speak.

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REGISTRATION FORM

Name: PLEASE PRINT YOUR NAM	ME PHONETICALLY, if you wish to
speak	
Address: 7748 West	Heatle New
City:	Zip Code: 53223
Organization Represented (if any):	MILL INSUL TOVEY
I wish to speak.	
I do not wish to speak.	

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REGISTRATION FORM

	5644	Z _A <	ADZAČ		
Name:—	PLEASE PR	INT YO	UR NAME PH	IONETICAL	LY, if you wish to
speak				s deletion — and attributed \$1.50	
Address:	3603	Alexander 24.	<u>8874</u>		
	///LU/			Zin Code:-	53228
City:—			100		
Organiza	tion Represente	d (if any)): <u>CA</u> (8	CAENTET	
	I wish to	speak.			
	I do not v	wish to sp	oeak.		

REGISTRATION FORM

	San Beo	
Name:-		NAME PHONETICALLY, if you wish to
speak		wing.
Addres	s: 2303 <u>S</u>	105
City:	Mily	Zip Code: 5 7 2 3 7
	zation Represented (if any): _	1866 4/94
	I wish to speak.	
	I do not wish to speak	

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REGISTRATION FORM

Name: PLEASE PRINT YOUR NAME PHO	ONETICALLY,	if you wish to
Address: 3110 N. PINCE SH.		
City: Markey WI	_ Zip Code:	12/2
Organization Represented (if any):		
I wish to speak.		
I do not wish to speak.		

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REGISTRATION FORM

A Proposition of the State of t		Capz	111101		
Name:	PLEASE PRI	NT YOUR N	AME PHO	NETICAL	LY, if you wish to
speak				and the state of t	
Address:	1944	September 1975 September 1975 September 1975 September 1975			
					53215
City:	714			_ Zip Code:	Transport States of States
Organizatio	on Represented	(if any):	MIT.		
	_ I wish to sp	peak.			
	I do not wi	ish to speak.			

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REGISTRATION FORM

JOINT PUBLIC HEARING - 2007 BUDGET October 16, 2006, 6:30 P.M. Common Council Chambers, 3rd Floor, City Hall BUNS

Name: Name: Name PHONETICALLY, if you wish to
PLEASE PRINT YOUR NAME THOUBTONES
speak
Address: 3309 N Holton St
Address. 32/2
Address: 500/ 100000 532/2 City: Miles ausel, WISC Zip Code: 532/2
Organization Represented (if any): Redeemen Ly Reven Church [92] and Wisconsin I wish to speak.
Organization Represented (if any): Redeath Liu William,
192 and Wisconsin
I wish to speak.
V
I do not wish to speak.
Redeemer Church sypports The Nidurion in the budget for 2007
Redemer Church > Jp
in the hagest for 2001
Monron (V)
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of tunes toll the
Dervice Trust LUND, WE Selve Ming
low-income persons and families each
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ill gitte thom that they can to be part of
reck and recognize the hope that affordable outing will give them that they can take part of

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REGISTRATION FORM

DAN SLANE	
Name: PLEASE PRINT YOUR NAM speak	ME PHONETICALLY, if you wish to
Address:	ASAUT BE
City: May Beelis	Zip Code:
Organization Represented (if any):	KE BLOG TRADES
I wish to speak.	
I do not wish to speak.	

REGISTRATION FORM

Name: Paul A. Tomc30	ak
PLEASE PRINT YOUR NAME	E PHONETICALLY, if you wish to
Address: 4510 S. Griffin	Ave -
Address: 421	
City: Milwockey	Zip Code:
Organization Represented (if any):	
I wish to speak.	
I do not wish to speak.	

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OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

Name: Gerard Tollyer PLEASE PRINT YOU	R NAME PHONETICALLY, if you wish to
speak	
Address:	
City:	Zip Code:
Organization Represented (if any):	6000 Jabs & Livable Neighburhood
I wish to speak.	
I do not wish to spe	ak.

REGISTRATION FORM

Name: Doxis Jude Porter PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
Name: PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak
Address: 8960 W. Hustis
City: Milwace teac Zip Code: 53224
Organization Represented (if any): Justice for Jude-Susfice for All
I wish to speak.
I do not wish to speak.