

No. _____

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Special Community & Economic Development Committee Meeting
October 11, 2012 at 9:00 A.M., Room 301-A, 3rd Floor, City Hall

RE: FILE 120603 - Resolution creating Neighborhood Improvement District No. 3
(Washington Park Partners) and approving its first year Operating Plan, in the 15th
Aldermanic District.

Name: Teig Whaley-Smith

Please PRINT your name and, if necessary, spell it phonetically if you wish to speak

Address: 3331 W. Lisbon Ave

CITY: Milwaukee, WI ZIP CODE: 53208

ORGANIZATION REPRESENTED (IF ANY): WPP

I WISH TO SPEAK (I support)

I DO NOT WISH TO SPEAK

No. 1

OFFICE OF THE CITY CLERK
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RE: FILE 120603 - Resolution creating Neighborhood Improvement District No. 3
(Washington Park Partners) and approving its first year Operating Plan, in the 15th
Aldermanic District.

Name: MIKE HOWDEN

Please PRINT your name and, if necessary, spell it phonetically if you wish to speak

Address: 1430 N. 40

CITY: MILW ZIP CODE: 53208

ORGANIZATION REPRESENTED (IF ANY): WPP

I WISH TO SPEAK

I DO NOT WISH TO SPEAK

No. 2

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

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RE: FILE 120603 - Resolution creating Neighborhood Improvement District No. 3
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Name: Gayna Searns

Please PRINT your name and, if necessary, spell it phonetically if you wish to speak
30th St Industrial Corridor

Address: 3536 W Fond du Lac

CITY: Milwaukee ZIP CODE: 53214

ORGANIZATION REPRESENTED (IF ANY): _____

I WISH TO SPEAK

I DO NOT WISH TO SPEAK

No. ____

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RE: FILE 120603 - Resolution creating Neighborhood Improvement District No. 3
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Aldermanic District.

Name: Corene Herbert, Ft. Teton

Please PRINT your name and, if necessary, spell it phonetically if you wish to speak

Address: 1620 N 36th

CITY: Milwaukee ZIP CODE: 53208

ORGANIZATION REPRESENTED (IF ANY): _____

I WISH TO SPEAK

I DO NOT WISH TO SPEAK

No. ____

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RE: FILE 120603 - Resolution creating Neighborhood Improvement District No. 3
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Name: Perry Huyak (Hike)

Please PRINT your name and, if necessary, spell it phonetically if you wish to speak

Address: 3940 W. Lisbon Ave.

CITY: Milwaukee ZIP CODE: 53208

ORGANIZATION REPRESENTED (IF ANY): United Methodist
Children's Services

I WISH TO SPEAK

I DO NOT WISH TO SPEAK

No. ____

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Name: Delmer & Juanita Guard

Please PRINT your name and, if necessary, spell it phonetically if you wish to speak

Address: 2017 North 32nd Street

CITY: Milwaukee WI ZIP CODE: 53208

ORGANIZATION REPRESENTED (IF ANY): _____

I WISH TO SPEAK (Maybe)

I DO NOT WISH TO SPEAK

No. _____

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REGISTRATION FORM

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RE: FILE 120603 - Resolution creating Neighborhood Improvement District No. 3
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Aldermanic District.

Name: Lloyd L. Flowers

Please PRINT your name and, if necessary, spell it phonetically if you wish to speak

Address: 3940 W Lisbon # 301

CITY: Milwaukee ZIP CODE: 53208

ORGANIZATION REPRESENTED (IF ANY): _____

I WISH TO SPEAK

I DO NOT WISH TO SPEAK I support