

No. 1

**OFFICE OF THE CITY CLERK  
CITY OF MILWAUKEE**

**REGISTRATION FORM**

Special Public Hearing

July 13, 2011  
6:00-8:00 P.M.  
Department of Public Works Field Headquarters  
3850 N. 35<sup>th</sup> Street

File 110342 - Resolution relative to the establishment of the Year 2012 Funding Allocation Plan.

Name GWENDOLYN F. ALLEN

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 4731 NORTH 52ND ST.

City: MILWAUKEE Zip Code: 53218

Organization Represented (if any): \_\_\_\_\_

I wish to speak.

I do not wish to speak.

No. 2

**OFFICE OF THE CITY CLERK  
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**REGISTRATION FORM**

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File 110342 - Resolution relative to the establishment of the Year 2012 Funding Allocation Plan.

Name Trena Bond

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 7830 W. Burleigh Street

City: Milwaukee Zip Code: 53222

Organization Represented (if any): Housing Resources, Inc.

I wish to speak.

I do not wish to speak.

No. 3

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Name JOSEPH LEE PENR

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 360 & N Sherman APT 4

City: MILWAUKEE Zip Code: 53216

Organization Represented (if any): \_\_\_\_\_

I wish to speak.

I do not wish to speak.

No. 4

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File 110342 - Resolution relative to the establishment of the Year 2012 Funding Allocation Plan.

Name Felita Daniels Ashley

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 10590 W. Fountain Ave # 501

City: milw WI Zip Code: 53224

Organization Represented (if any): \_\_\_\_\_

I wish to speak.

I do not wish to speak.

No. 5

**OFFICE OF THE CITY CLERK  
CITY OF MILWAUKEE**

**REGISTRATION FORM**

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File 110342 - Resolution relative to the establishment of the Year 2012 Funding Allocation Plan.

Name Kelly Lemens

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 2470 W. Locust St

City: Milwaukee Zip Code: 53206

Organization Represented (if any): Dominican Center for Women

I wish to speak.

I do not wish to speak.

No. 6

**OFFICE OF THE CITY CLERK  
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Name Barbara Notester

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 3457 N. Bartlett Ave

City: Milwaukee Zip Code: 53211

Organization Represented (if any): Safe & Sound

I wish to speak.

I do not wish to speak.

No. 7

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File 110342 - Resolution relative to the establishment of the Year 2012 Funding Allocation Plan.

Name Steve Adams

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 1733 North 17<sup>th</sup> St

City: Milwaukee Zip Code: 53205

Organization Represented (if any): \_\_\_\_\_

I wish to speak.

I do not wish to speak.

No. 8

**OFFICE OF THE CITY CLERK  
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**REGISTRATION FORM**

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File 110342 - Resolution relative to the establishment of the Year 2012 Funding Allocation Plan.

Name Charles Awosika

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 6125 W. Baldwin Ave

City: Milwaukee WI Zip Code: 53218

Organization Represented (if any): Light Streams CDC

I wish to speak.

I do not wish to speak.



No. 9

**OFFICE OF THE CITY CLERK  
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**REGISTRATION FORM**

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File 110342 - Resolution relative to the establishment of the Year 2012 Funding Allocation Plan.

Name Adrian Gibbs

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 4512 W. Villard

City: Mil Zip Code: 53218

Organization Represented (if any): Boilermaker Local 107

I wish to speak.

I do not wish to speak.

No. 10

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File 110342 - Resolution relative to the establishment of the Year 2012 Funding Allocation Plan.

Name Michael Van Alstini

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 6970 N. 100th St

City: Milwaukee WI Zip Code: 53224

Organization Represented (if any): Milwaukee Christian Chr  
HAEM

- I wish to speak.
- I do not wish to speak.



No. 12

**OFFICE OF THE CITY CLERK  
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File 110342 - Resolution relative to the establishment of the Year 2012 Funding Allocation Plan.

Name Jandre Scott

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 5365 N. Sherman

City: \_\_\_\_\_ Zip Code: 53209

Organization Represented (if any): McGovern Park

I wish to speak.

I do not wish to speak.

No. 13

**OFFICE OF THE CITY CLERK  
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Name MINNIE HARMON

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 4319 W CUSTER AVE

City: MILWAUKEE Zip Code: 53218

Organization Represented (if any): McGovern Park

I wish to speak.

I do not wish to speak.

No.                     

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Name           ROBERT FALK          

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address:           4075 N. 19TH          

City:           MILWAUKEE           Zip Code:           53209          

Organization Represented (if any):           CR - SOCIAL DEVELOPMENT COMMISSION          

I wish to speak.

I do not wish to speak.

No. \_\_\_\_\_

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Name Shirley Lowery

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 2601 N. MLK DR

City: Mil Zip Code: 53212

Organization Represented (if any): CYD

I wish to speak.

I do not wish to speak.

No. \_\_\_\_\_

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Name Denise Wooten

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 3240 N. 14TH ST

City: MILW Zip Code: 06

Organization Represented (if any): 14TH STREET C.A.R.E.S.

I wish to speak.

I do not wish to speak.



No. \_\_\_\_\_

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Name Aurica Maskey

PLEASE PRINT YOUR NAME/PHONETICALLY, if you wish to speak

Address: 3118 N 14

City: WI Zip Code: 53206

Organization Represented (if any): \_\_\_\_\_

I wish to speak.

I do not wish to speak.

No. \_\_\_\_\_

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Name Talibah Majeed

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 801 W. Michigan

City: MILW Zip Code: 53233

Organization Represented (if any): Safe / Sound

I wish to speak.

I do not wish to speak.