

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

RE: Public Hearing on the Mayor's Proposed 2014 Executive Budget.

Please PRINT
Name: CAROLINA STABLE
Address: 2922 W. STATE ST
City: Milwaukee WI ZIP CODE: 53208
Organization Represented (if any):
X_I wish to speak.
I do not wish to speak.

Donat

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	
Name: MUHAEL S	TARK
Address: 2922 WES	TSTATE
City: MILW	ZIP CODE: 53208
Organization Represented (if any):	HONL
I wish to speak.	
I do not wish to speak.	



REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	
Name: Karen Pauli	· · · · · · · · · · · · · · · · · · ·
Address: 1336 N 32 ud ST	
City: Milw	ZIP CODE: 53208
Organization Represented (if any):	,
I wish to speak.	
I do not wish to speak.	

V 4

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	Pica
Name:	1411
Address: 4730 Nth 3	30 to 5+
City: Mlw	ZIP CODE: 53209
Organization Represented (if any):	
I wish to speak.	
I do not wish to speak.	

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PR	INT		
Name:	Belinda	100	Pris
Address:	3229	N	3457
City:	Milw		ZIP CODE: 5330/
Organizat	tion Represented (if any	/):	
X	I wish to speak.		
	I do not wish to st	neak	

A #

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

RE: Public Hearing on the Mayor's Proposed 2014 Executive Budget.

Please PRINT

Name: Michael Hothory

Address: 6654 W. Chambers St..

City: ZIP CODE: 53218

Organization Represented (if any):

I do not wish to speak.

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	
Name: CHERRE TUS	SLER
Address: 3402 W. ST	AUL
City:	ZIP CODE: SZO
Organization Represented (if any):	
wish to speak.	
I do not wish to speak.	

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	
Name: Hub Brus	
Address: 3219 N. 56451.	
city: M. V. J. Gallec	ZIP CODE: 53) N
Organization Represented (if any):	moveres!
I wish to speak.	
I do not wish to speak.	

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT
Name: BRENDA HART-RICHARDSON
Address: 3362 N26 #
City:
Organization Represented (if any): TAM AMANI
MOYEMENT
I wish to speak.
I do not wish to speak.

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	
Name: <u>Eileen Hanley</u>	
Address: 945 N. 29th	St
city: Milwaukee	ZIP CODE: <u>5320</u> 8
Organization Represented (if any):	,
I wish to speak.	
I do not wish to speak.	

VII

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	^
Name WILLIE J. DOBSC	n)
Address: 25/0A WEST MISTU	ELSTREET.
City: MT118W23H55	ZIP CODE: 5390 4
Organization Represented (if any):	
I wish to speak.	
I do not wish to speak.	

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	
Name: 5amora Hais	
Address: 1836 N 515A	
city: Milwauhed ZIP CODE: 53208	_
Organization Represented (if any): French of Milly Oukee	Pub
I wish to speak.	Library
I do not wish to speak.	

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

 λ I do not wish to speak.

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

RE: Public Hearing on the Mayor's Proposed 2014 Executive Budget.

Lob not wish to speak.

ress: 945 N 29 ⁴ h	7
MILLOURD	ZIP CODE 525
anization Represented (if any):	

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT
Name: TRENDA DELL WHITE
Address: 3002 W. Mctinten Blvd.
City: 11(1) ZIP CODE: 153208
Organization Represented (if any):
1. Historie Wechol
I wish to speak.
I do not wish to speak.

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT
Name: Mancy Grany
Address: 1371 N 215+ 5+
City: Milwukoo ZIP CODE: 5305
Organization Represented (if any):
I wish to speak.
I do not wish to sneak

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT
Name: LIZ NELSON
Address: 1905 E. JARVIS ST.
City: SHMZZUOOD ZIP CODE: SGZL
Organization Represented (if any): MILW, PUBLIC LIBRORY
✓ I wish to speak.
I do not wish to speak.



REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	
Name: PATRICE AMES	
Address: 25/3 NS7 WS	
City: Milw	ZIP CODE: SSZ10
Organization Represented (if any):	
L I wish to speak.	
I do not wish to speak	

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OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT
Name: Mike Cintron
Address: 3642 5 35th St
City: MilwaukeE ZIP CODE: 53001
Organization Represented (if any): Local 61 000
<u></u> ✓I wish to speak.
I do not wish to speak.

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OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT
Name: JONN RUS TEL SKI
Name: JONN KUS TEC SKI Address: 9018 W. HELENACT
City: Milwonker ZIP CODE: 53224
Organization Represented (if any): RESIDENT AND Employee of City of Milwan
I wish to speak.
I do not wish to speak.



REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	M. C.	h C
Name: DSAUU	MANNI	43
Address: <u>1138 h · 2</u>	2	
city: Mil Wall Coo	ZIP (CODE: <u>532</u> 35
Organization Represented (if any):		
I wish to speak.		
I do not wish to spe	ak.	

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OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT		
Name: DAUID D	NAMIE	
Address: 4031 5 =	19+ PW	œ.
city: Milw	ZIP CC	DE: 532017
Organization Represented (if any):) Meralian's	DRIVER
∠I wish to speak.		•
I do not wish to speak	•	

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINI
Name: Truesillia Kuth Shank
Address: 1232 N. 32md St
City: Milw ZIP CODE: 53208
Organization Represented (if any): Children's Environmental Health Sciences Core Center
X I wish to speak.
I do not wish to speak.

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Name:	lew Surjock
Address: WS50	6 So Howell AVR
City: \\	ZIP CODE: <u>532</u> 07
Organization Represented (if	any): 1) wish 61
✓ I wish to speak	
I do not wish to	sneak

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	,
Name: Kruis Wa	a /ton
Name: 25006 N. 24	154
City: Milwanker	ZIP CODE: グラミッ6
Organization Represented (if any):	om. hilan Center
I wish to speak.	
I do not wish to speak.	

N

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	N. 10
Name: TIVI 42	2WE
Address: 337 N - 3	39th St.
City: WWW	ZIP CODE:
Organization Represented (if any):	
I wish to speak.	
I do not wish to speak.	

12)

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	
Name: MARK KOHEL	
Address: 2224 5.35 TH	57.
City: MILWRUKEE	ZIP CODE: 453215
Organization Represented (if any):	,
wish to speak.	
I do not wish to speak.	

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	
Name: Patricia Rogers, OF	
Address: 2740 W. Locust St	
City: MI Wanke ZIP CODE: 53206	
City: MIWAMICA ZIP CODE:53206 Organization Represented (if any): Som INICAL CENTER Organization Repr	Women
I wish to speak.	
I do not wish to speak.	

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OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

RE: Public Hearing on the Mayor's Proposed 2014 Executive Budget.

Please PRINT

Name: ____Atty Heiner Giese

Address: __1216 N. Prospect Ave.

City: __Milwaukee _____ ZIP CODE:
___53202

Organization Represented (if any): ___Apartment Association of Southeastern
Wisconsin, Inc. - Lobbyist _____ x_I wish to speak.

I do not wish to speak.



REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT
Name: Karen Meador
Address: 3872 S, Cake D.
City: 177/11), ZIP CODE: 532.35
Organization Represented (if any): TORRET IN HOLLIDITE
I wish to speak.
I do not wish to speak.

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	
Name: Levene B	otter
Address: 2976 n	DIST
City: MilW	ZIP CODE: 53206
Organization Represented (if any):	AMONI
I wish to speak.	
I do not wish to speak.	•

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	
Name: Auno Village	1
Address: <u>\$976</u> 5 1854	
City: profi	ZIP CODE: <u>\$322</u> (
Organization Represented (if any):	rivar
WI wish to speak.	
I do not wish to speak.	

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINI			
Name: Bob Greene			
Address: 461 N. 35-Th			
City:	ZIP CODE:	53208	
Organization Represented (if any):	11 Park	N.A.	
★_I wish to speak.			
I do not wish to speak.			

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINI	
Name: Marvin Early	
Address: 3363 n+ 26	
City: Milwaulcee	ZIP CODE: 53206
Organization Represented (if any):	Amanimovement
✓ I wish to speak.	
I do not wish to speak.	

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINI
Name: Beth Sahagian
Address: 842 N 29(4 ST
City: $Mil_{(u)}$ ZIP CODE: 5320
Organization Represented (if any): Howe with the
I wish to speak.
I do not wish to speak.

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT
Name: Domingo H. VELAZQUEZ
Address: 32155, 3678T.
City: Wiley AUREE ZIP CODE: 53215
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

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	
Name: Russell Schroe	der
Address: <u>8955 N. 26</u> Th	ST,
City: Milwaukee	ZIP CODE: 5322,4
Organization Represented (if any):	
XI wish to speak.	
I do not wish to speak	

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRI ŅT
Name: Victoria Samhez
Address: 3437 S. Todiana Aue.
City: Milw. ZIP CODE: 5320/
Organization Represented (if any):
I wish to speak.
I do not wish to speak.

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	
Name: Karen Wor	kman
Address: 1609 Milwa	
City: So: Milwaukee	
Organization Represented (if any):	cher in the
I wish to speak.	Library
	MPL
I do not wish to speak.	

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINŢ	
Name: Valerice Wilso.	√
Address: 2416 N BOUTH	
City: Milu	ZIP CODE: <u>53212</u>
Organization Represented (if any):	,
I wish to speak.	
I do not wish to speak.	

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT
Name: RSTON KEN HUBHES
Address: 3248 N.45th St.
City: Milwall Rep CODE: 53216
Organization Represented (if any): Fgith Hav Veet
XI wish to speak.
I do not wish to speak

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

RE: Public Hearing on the Mayor's Proposed 20	014 Executive Budget.
Please PRINT	14
Name:	\sim
Address: 349 Nh	kel
City:	ZIP CODE: 53212
Organization Represented (if any):	500
I wish to speak.	
I do not wish to speak.	

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

I do not wish to speak.

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	·
Name: EVAN Goyke - 18	3th Assembly District
Address: 2734 W. STATE	Bt Assembly District STROET
City: Milwokee	ZIP CODE: 53208
Organization Represented (if any):	,
I wish to speak.	
I do not wish to speak.	

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M.
Council Chambers, 3rd Floor, City Hall

Please PRINT
Name: <u>Laura Patino</u>
Address: 1207 S. 2845+
City: MI ZIP CODE: 53215
Organization Represented (if any):
XI wish to speak.
I do not wish to speak.

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	
Name: MARTY WALL	
Address: 5705 W TRENTON PL	
City:	ZIP CODE: 53213
Organization Represented (if any):	<i>)</i>
I wish to speak.	
I do not wish to speak	

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

ST. APT. #11
ZIP CODE: <u>53220</u>

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT
Name: Mike Jankowski
Address: 609 N. 314-5+ #302
City: Millowken WI ZIP CODE: 53208
Organization Represented (If any): TAWKAROK, SOMI-VERY Reasonable
I wish to speak.
I do not wish to speak.

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

RE: Public Hearing on the Mayor's Proposed 2014 Executive Budget.

Please PRINT

Name: Janatan Zuniga

Address: 2852 S 9 M M Zuniga

City: Milwanee ZIP CODE: 53215

Organization Represented (if any): 50 C

I do not wish to speak.

I wish to speak.

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT
Name: Misael Hernander
Address: 1300 5. Canton B1
City: Milwaukee ZIP CODE: 53208
Organization Represented (if any):
I wish to speak.
I do not wish to speak.

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	
Name: AMANI EDLY	
Address: 2195 north SI Street	
City: Milwayke ZIP CODE: 53217	
Organization Represented (if any):	
I wish to speak.	
X I do not wish to speak	

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	
Name: Alrcia Skeet	FER
Address: 2876 A N 7	26th St
City: Milwanke	ZIP CODE: WI
Organization Represented (if any):	51 AM AMANI MOSMENT
I wish to speak.	
I do not wish to speak.	

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	
Name: Timothy Scott	
Address: 4535 W. Leon	Terrace
City: Milwan Rece	ZIP CODE: 53216
Organization Represented (if any):	Marie Committee of the Committee And State And
I wish to speak.	
X I do not wish to speak	

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT
Name: Nabor Truillo
Address: 2357 S. 9 Place
city: Milwarkee ZIP CODE: 53215
Organization Represented (if any): Local 61 000
I wish to speak.
I do not wish to speak.

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please Pr	UNT				
	Patricia Off				
Address:	9628 W. Conl	ordra	Auc		
	Mile			DE: <u>\$</u> 3	
Organizat	tion Represented (if any):	Iman	ie	Omn	run; fy
	_I wish to speak.				
1	I do not wish to speak				

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT
Name: tetricle
Address: 2942 so, Herman St.
City: Mi/W ZIP CODE: <u>53807</u>
Organization Represented (if any):
I wish to speak.
I do not wish to speak.

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT S
Name: Pric S Drown
Address: 4745 N SO 87
City: MICWAUKER ZIP CODE: 532/8
Organization Represented (if any):
I wish to speak.
I do not wish to speak.

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	
Name: Sentle [) (115
Address: 119 E Con	cordia
City: <u>m. / / w.</u>	ZIP CODE: <u>53212</u>
Organization Represented (if any):	,
I wish to speak.	
XI do not wish to speak	

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT
Name: FRANCIS J SCHROEDEL
Address: 1139 N 218T ST
City: MILWAUKGG ZIP CODE: 53233-1110
Organization Represented (if any):
I wish to speak.
I do not wish to speak.

REGISTRATION FORM

JOINT PUBLIC HEARING

October 9, 2013 at 6:30 P.M. Council Chambers, 3rd Floor, City Hall

Please PRINT	
Name: Patricia Ruiz-Cont	<i>U</i>
Address: 2220 N 45+h	
City: My Warrie ZIP CODE:	53208
Organization Represented (if any): LLDMF5 /5	SOC
I wish to speak.	
✓ I do not wish to speak.	