

REGISTRATION FORM

The Special Zoning, Neighborhoods & Development Committee Meeting is scheduled for April 21, 2014, in Room 301-B, 3rd Floor, City Hall

At 10:00 AM

RE: 131770 - An ordinance relating to the change in zoning from Two-Family Residential to Detailed Planned Development to facilitate redevelopment on land located at 619 East Dover Street, on the south side of East Dover Street, west of South Kinnickinnic Avenue, in the 14th Aldermanic District.



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Please PRINT	
Name: Pan Scha	2 Car
Address: 127 Efoxdolu	
City: Olendale	ZIP CODE: <u>\$ 3 2 1</u> 7
Organization Represented (if any): Email:	
I wish to speak.	
La I do not wish to sneak	

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Please PRINT
Name: Antoine Carley
Address: 1845 N Farwell AVE
City: <u>WKF</u> ZIP CODE: <u>53202</u>
Organization Represented (if any): MIWAWCU UV GOOLA
I wish to speak.
I do not wish to speak.

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Please PR I	INT	0 -		1.		
Name:	Mary	Beth	28,20	, ((
Address: _	3052	5 5-	Shore			
City:	MKE		ZIP Co	DDE: <u>532</u>	07	_
Organizatio Email:	on Represer	nted (if any):				
	_I wish to	speak.				
	I do not v	wish to speak				

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Please PRINT	
Name: Jackle Hagnis	
Address: 1200 N May Fax &d Ste 310	
City: Mi) wantel ZIP CODE: 53226	
Organization Represented (if any): Fine Email: history wan gand co	
I wish to speak.	
I do not wish to speak.	

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Re: 131297 - Resolution approving conveyance of the former Dover Elementary School at 619 East Dover Street by the Milwaukee Board of School Directors, in the 14th Aldermanic District.

Please PRINT

Name: _	JENNIFER DEVITY	
Address	: 2425 5. SUP	EP1012
City: _	MILWAILEE	ZIP CODE: 53207
Organiz Email: _	ation Represented (if any):	MLICON
_	I wish to speak.	
	I do not wish to speak.	

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Diana DDINE

Piease Pi	KINI			
Name:	Michael	16esti	er	
Address:	648	E Dover	St	
City: <u> </u>	Kilwalan	ZIP	CODE: <u>53207</u>	
Organiza Email:	tion Represented (if	any): 5+	lucas	
	I wish to speak			
9	do not wish to	o speak.		

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Please PRINT	t t
Name: ////////////////////////////////////	larh ne z
Address: 624 E. [DOIGNE ST
City: MKE	ZIP CODE: <u>\$3207</u>
Organization Represented (if any):	
I wish to speak.	
I do not wish to speak.	

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Please PRINI	
Name: MARTINEZ	ROLANIZ
Address: 624 & Don	IER ST
City: MILW	ZIP CODE: <u>5320</u> 7
Organization Represented (if any):	
I wish to speak.	
I do not wish to speak	

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Please PRINT

ddress: 2552 5 2	LENOX ST
ity: MILW	ZIP CODE: 53207
rganization Represented (if any):	
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D1... DDFNIE

ease PRINI
ame: JULIA TAYLOR
ddress: 3432 N. SHEPARONIE
ty: MILWAUKEE ZIP CODE: U/I
rganization Represented (if any): <u>GREATED</u> MILWAUKEC mail: <u>COMM</u>
I wish to speak.
I do not wish to speak.

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Please PRINT	_	
Name: JAME	GLINBERG	
Address: 151 W	, DONU RS	
City: Fox Pont		53217
Organization Represented (if any Email:):	· · · · · · · · · · · · · · · · · · ·
I wish to speak.		
I do not wish to sn	oeak.	

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Please PRINT	
Name: Ericka Tip	noto
Address: 5915 W. Hol-	t the
City: Milus.	ZIP CODE: _53210\
Organization Represented (if any):Email:	
I wish to speak.	
I do not wish to speak.	

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Please PRINT	
Name: Pat Boettcher	
Address: 2552 S. Bris pane	
City: Milwarker ZIP CODE: 53207	
Organization Represented (if any):Email:	
I wish to speak.	
I do not wish to speak.	

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Please PRINT	_	
Name: Wendy Gree	infield	
Address: St. Lucas,		_
City:	ZIP CODE:	
Organization Represented (if any): Email:	St. Lucas	
Email: <u>warreaticed</u> (2)	saintlucas, ora	
I wish to speak.		
X I do not wish to speak.		
N I GO HOL WISH TO SUCAK.		

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Please PRINT	
Name: JOHN BIFBERITZ	
Address: N36 W7505 BUCHMAN CT	
City: CEDARBURG ZIP CODE: 53012	
City: EDARBURG ZIP CODE: 53012 Organization Represented (if any): Down TEACHTA HOUSING Email: I wish to speak.	TRAPATIC
I wish to speakI ASKED QUENTOUSI do not wish to speak.	morne
I do not wish to speak.	DESIGN

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Please PRINT
Name: DE KATZ
Address: 2320-22 5 Kinnickinnik he
City: M(LW ZIP CODE: 53207
Organization Represented (if any): SUMOLLC / HIUTBURY PUB Email: TUED THEHIBURY, 10M
I wish to speak.
I do not wish to speak.

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Discas DDINT

riease rkini
Name: Jamila Wright
Address: 1420 w. center St., St. 2
City: Milwankee ZIP CODE: 53206
Organization Represented (if any): HAUVES Development Group, LLC Email: Jenila@ Maure Sile. com
I wish to speak.
1 I do not wish to speek

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Please PRINT
Name: JACKIE BURNETT
Address: 1420 W. Center St, Ste 2
City: Hilwankee ZIP CODE: 53206
Organization Represented (if any): Hours Development Group. Email: Jackica Maures 11 C. Com
I wish to speak.
I-do not wish to speak.

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Please PRINT
Name: Cloudia Gutièrrez
Address: 623 F. Forther Ave
City: Milwacker WI ZIP CODE: 53707
Organization Represented (if any): Email: Cocomo Com
I wish to speak.
I do not wish to speak.

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Please PRINT
Name: John Power
Address: 2718 S. Howell Ave
City: MILWAUKER ZIP CODE: 53207
Organization Represented (if any):
I wish to speak.
∠I do not wish to speak.

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Please PRINT ROGER KAY Name:
Name: KOGER KAY
Address: 1325 E POTTER AVE
City: Michantee ZIP CODE: 532e7
Organization Represented (if any):
I wish to speak.
I do not wish to speak.

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Please PRINT	
Name: Mellega Goins	
Address: 1420 W Cer	Her St Suite 2
City: Milw	ZIP CODE: 53200
Organization Represented (if any): 1 Email: Me ISSA W MAUY	naures Development
I wish to speak.	
I do not wish to speak.	

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Please PRINT	
Name: JAY BULCCK	
Address: 3223 S 15th St	
City: MILLIANLEST ZIP CODE: 53215	
Organization Represented (if any): Email:	
I do not wish to speak	

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Please PRINT
Name: Ellen Higgins
Address: Common Bunk Communities
City:
Organization Represented (if any): Email: I wish to speak.
I do not wish to speak.

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Please PRINT

Name: MARK EIRNST	
Address: 320 E BUFFALO	
City: <u>HWH</u> ZIP CODE: 5	3202
Organization Represented (if any): WYSEVES Email: MANGE PEARP, CAN-	AUDERSON I'HC
I wish to speak.	
I do not wish to speak.	

4

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

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Please PRINT		
Name: TOUN	GROM	·
Address: 2708 5	HOWELL	AUE
City: MILW.	ZIP CODE: _	53202
Organization Represented (if any): Email:	:	
VI wish to speak.		
I do not wish to spe	eak.	

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Please PRINT
vame: Danielle Schneider
Address: 610e Dover St.
city: Milwauk-ee zip code: 53207
Organization Represented (if any):
I wish to speak.
I do not wish to speak.

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Name: Rose Sten	npski
Name: <u>8038</u> 3767	IPSKI
Address: <u>552</u> E	Dover St.
City: Milw	_ ZIP CODE: <u>5 3 20 7</u>
Organization Represented (if any): Email:	
✓I wish to speak.	
I do not wish to speak.	040050

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Please PRINT	\ (
Name: Sob Schne	ider
Address: 600ϵ ,	Dover St.
City: Milwaukee	ZIP CODE: <u>5320</u> 7
Organization Represented (if any): Email: 55,53,26,7	@ amail-com
X I wish to speak.	· J · · · ·
I do not wish to speak.	SP ST

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Please PRINT
Name: Patty Thompson
Address: 2720 S. Delaware Aux
City: Muxulu ZIP CODE: 53207
Organization Represented (if any):
Email: Patty of e amail (a
I wish to speak.
wish to speak.
I do not wish to speak.

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Please PRINT

Name:	CINDY	RA	NDALL		
Address:	635	E	POTTE	2 AU	æ _
City:	MILWAUKS	33	ZIP CODE:	235	7
Organizat Email:	ion Represented (if a	ny):	7		
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4	_1 wish to speak.				oppor
<u>.</u>	_I do not wish to	speak.			

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Please PRINT	
Name: Bryan Bo	ergner
Address: 549 E.	
City: Milwarkee	ZIP CODE:
Organization Represented (if any):	
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I do not wish to speak	

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Please PRINT	1 1
Name: Kekha Ya	ta
Address: 622 E 1001	ICR ST
City: MKE	ZIP CODE: 53207
Organization Represented (if any): Email: VCKVA OA+C	30 E Valoo, Com
I wish to speak.	regarios. Con
I do not wish to speak.	oppose

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Please PRINT
Name: () avid tons
Address: 648 E DOVERST
City:
Organization Represented (if any): STLUCAS School & Smail:
X I wish to speak. Is asked.
I do not wish to speak.

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Diseas DDINT

ricase richita
Name: Mary Lou Ketterhagen
Address: 631 & Potter ave
City: Julevauliee ZIP CODE: 53267
Organization Represented (if any): Email:
I do not wish to speak.

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Please PRINT
Name: Jm GILMORE
Address: 206 C. PLAINFIECP
City:
Organization Represented (if any):Email:
\(\sum_{\text{I}} \) wish to speak.
I do not wish to speak.

17

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Please	PRINT	
Name:	John Daniple	
Addres	s: 411 E. W. SCMS, N	
City: _	M (1) ZIP CODE: 5307	
Organi Email:	zation Represented (if any): Gold M! Walled	Com. Heo, Chan
	Lwish to speak.	
	I do not wish to speak.	

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	PKINI)				
Name:	Eile	<u>en</u> h	lastak				_
Addres	s: 3691	5.	Clemen	+	Ave.		
City: _	MILW		ZIP C	ODE:	WI		
Organiz Email:	zation Represent Was tak I wish to s		reside bcgloba	nt - 1. s	ret. M	<u>PS teach</u>	eV
	I do not w	ish to spe	eak.				

REGISTRATIONFORM

The Special Zoning, Neighborhoods & Development Committee Meeting is scheduled for April 21, 2014, in Room 301-B, 3rd Floor, City Hall

At 10:00 AM

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Please PRINT	
Name: KRIS MARTINSEK	_
Address: 1325 E Potter Rue	_
City: Munure e ZIP CODE: 53207	-
Organization Represented (if any): Resident & Business (Email:	Dwner
Lwish to speak.	
I do not wish to speak.	

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Please PRINT	
Name: KORI SCHNEIT	PER PERAGINE
Address: 400 E. Masq	on 89.
City: MICE	ZIP CODE: 53202
Organization Represented (if any):	ZIP CODE: <u>53202</u> Metromi Waukee Fair Housina Granil
I wish to speak.	ETVITUL
I do not wish to speak.	

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Diagon DDINT

Please PRINI	
Name: Marcy Blau-	fuss
Address: 2010 E. Este	es st.
City: Milw.	ZIP CODE: <u>53207</u>
Organization Represented (if any): re Email: Marcy Blankuss	sident, retired teacher - Dover @ gmail.com St. School
XI wish to speak.	•
I do not wish to speak.	Favor

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Please PRINT	
Name: Bethaus	Sandrez /
Address: 1945 X	J. 2 nt St.
City: MKE	ZIP CODE:
Organization Represented (if any):	
wish to speak.	Sweet
I do not wish to speak.	Sort

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Please PRINT

Name: Zak Willium	· >
Address: 553 E Pou	1 54
City: Milwautere	ZIP CODE: <u>53207</u>
Organization Represented (if any):Email:	
XI wish to speak.	C. May
I do not wish to speak.	///

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REZINSKI
MAN STORRE
ZIP CODE: 5 3 26 7
FINDAPENDENT FILMMERKE
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OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

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Please PRINT	
Name: Parry & Mandel	
Address: 825 N. Frospect	
City: ZIP CODE: 53252	
Organization Represented (if any): Email: 6 months of the control	-
I wish to speak.	
I do not wish to speak.	

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Please PRINT		\mathcal{T}		
Name:	DARAH	JONAS		
Address:	752 E	HOMER C	T	
City: <u>M</u>	il	ZIP CODE:	<u>53207</u>	7_
Organization Re Email:	epresented (if any):			_
X_I w	ish to speak.		n,	x x
I do	not wish to spea	k.	9	

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OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

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Please PRINT (
Name: Melissa tare	
Address: 713 E. Potter	_
City: Milwaukee ZIP CODE: 53207	
Organization Represented (if any):	
XI wish to speak.	
I do not wish to speak.	

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Please PRINT
Name: Michael Pare
Address: 713 E. POTTER AVE
City: Milwaukee ZIP CODE: 53207
Organization Represented (if any): Wort Email: Mike pare Shdio @ g Mail, com
I wish to speak.
I do not wish to speak.

29

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

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Please PRINT	Λ .
Name: Kenee Dzia	edzic
Address: 427 É, f	Russell
City: Mi/W	ZIP CODE: 53207
Organization Represented (if any):	
I wish to speak.	Same,
I do not wish to speak.	64.6

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Please PRINT	•
Name: Daniel De	redric
Address: 427 E1 M	ssellan.
City: Milw	ZIP CODE: <u>53207</u>
Organization Represented (if any): Email:	DWI, Mr. com
I wish to speak.	orgod/
I do not wish to spea	/// k.

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riease PRINI
Name: Jody Bloyer
Address: 3964 5. Arctic AIR
City: St. Francis ZIP CODE: 53235
Organization Represented (if any): <u>MPS</u> Email:
✓ I wish to speak.
I do not wish to speak.

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Please PRINT	
Name: Michael H	arris
Address: 3770 N. 7	iznd st
City: Milw	ZIP CODE: 53216
Organization Represented (if any): Email: hamis @ wvi	MPS
Eman. Marristy 3 6 MAI	wandle, K.J. WI.LS
I wish to speak.	
I do not wish to speak	· C.

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Diago DDINT

riease FRINI
Name: Maureen Dunn
Address: 3302 5 Pennsylvania Ave
Address: 3302 5 Pennsylumia Ave City: Milwaulee ZIP CODE: 53007
Organization Represented (if any):Email:
I wish to speak.
I do not wish to speak.

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Please PRINT	Δ. Δ			
Name: Yawk	Phillips			
Address: 397 W	National	Are A	pt 54	
City: Milwanke	Z	IP CODE: 53	215	
Organization Represented	<u> </u>	1 year		
Email: Phylogo	of the upper	1000/		,
✓ I wish to specific	ak.	. 0	Support	
			7//	
I do not wish	to speak.			

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Please PRINT

I TOUBO I INTE
Name: Shayna Kurland
Address: 2549 5 Howell Ave
City: Milloavee ZIP CODE: 53207
Organization Represented (if any): Email: X I wish to speak.
I do not wish to speak.

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Piease PRII	NT	
Name:	Eron Laber	
Address:	351 E. Dover St.	
City:	Milwauhee ZIP CODE: 53207	
Organization Email:	on Represented (if any):	_
	I wish to speak.	
	I do not wish to speak.	

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Please PRINT		
Name: LURAO BROWER		
Address: 3537 S BRUST		
City: MILW AUKO	ZIP CODE: 53267	
Organization Represented (if any):		
! I wish to speak.		
I do not wish to speak.		

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Please PRINT

TOUSE TRUIT	
Name: RosettA M. Con	ti, Richard Contisp
Address: 719 C. Russell	,
City: Milw	ZIP CODE: 53205
Organization Represented (if any):	
✓I wish to speak.	
I do not wish to speak.	6 (

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Please PRINT		
Name: Claudia Guti	errez	<u> </u>
Address: <u>623</u> E. Potter	Ave	
City: Milwankee	ZIP CODE: 53207	
Organization Represented (if any):Email:		
✓I wish to speak.		
I do not wish to speak.		

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Please PRINT

I Tombo I Kali i k	
Name: Julio Basurto)
Address: <u>623</u> E Potter A	18
City: Milwaukee	ZIP CODE: <u>53207</u>
Organization Represented (if any): Email:	
✓I wish to speak.	
I do not wish to speak.	

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Re: 131297 - Resolution approving conveyance of the former Dover Elementary School at 619 East Dover Street by the Milwaukee Board of School Directors, in the 14th Aldermanic District.

Please PRINT

Name: Edna Basurto	
Address: <u>10.23k E Potter Ave</u>	
City: Mil wankee	ZIP CODE: <u>53267</u>
Organization Represented (if any): Email:	
✓ I wish to speak.	
I do not wish to speak.	

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Please PRINT
Name: IAN ABSTW
Address: 161 West Wi Are
City: M. Walee ZIP CODE: 53203
Organization Represented (if any): Musilee Email: iane Newacker.com
I wish to speak.
I do not wish to speak.

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Please PRINT	
Name: Soreny Fois	
Address: 225 KH The	,
City: Ba, View ZIP CODE:	
Organization Represented (if any): Newadle. Can	
Email: Sereny@Newache.com	
✓ I wish to speak.	
I do not wish to speak.	

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Please PRINT	
Name: Janice M.	Kantanen
Address: 439 E- Potte	r
City:/\lambda_1 \\	ZIP CODE: <u>5320</u> 7
Organization Represented (if any):	
I wish to speak.	007
I do not wish to speak.	500

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Please PRINT	
Name: Stephanie C	alloway
Address: 524 E. Den	25 54.
City: MKe	ZIP CODE: 5320
Organization Represented (if any): Email: <u>Stephaniechol</u> (I wish to speak.	
I do not wish to spea	ak.

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OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

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Please PRINT
Name: Julio Basur D
Address: 623 E POTTER AVE
City: MILWAURER ZIP CODE: 53207
Organization Represented (if any):Email:
✓ I wish to speak.
I do not wish to speak.

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Re: 131297 - Resolution approving conveyance of the former Dover Elementary School at 619 East Dover Street by the Milwaukee Board of School Directors, in the 14th Aldermanic District.

Please PRINT

Name: Bruce / hompson
Address: 2837 N. Marietta Ave
City: Milwanker ZIP CODE: 53211
Organization Represented (if any): On board of Downtown Montessori Email:
I wish to speak. In form of proposal.
I do not wish to speak.
1) Good for attracting teachers
2) Creative re-ux st otherwise emply
2) cont for businesses
4) Will support current turnaround in
City's population.

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Please PRINT
Name: 104 Starl
Address: 2940 E. Rhape Island Are
City: Bry View ZIP CODE: 53207
Organization Represented (if any): Email: SOIT O LOUD), Cand
I wish to speak.
I do not wish to speak.

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Please PRINT	
Name: RALSENN KNNTER	
Address: 2525 S. SHORE DR.	and the first
City: MELWAUKEE ZIP CODE: 53207	
Organization Represented (if any): Email: メールによれいしょうし、このw	e.
XI wish to speak.	X
I do not wish to speak.	& NOT
	-/

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Please PRINT	HE Brigh		
Name: Stephania	HARLING	·	
Address: 2549 5	Superior		<u>.</u>
City:	ZIP CODE: _	53107	
Organization Represented (if any): Email:			
I wish to speak.			o'
I do not wish to speak.			2 C. A.

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Please PRINT	
Name: Elliott Magers	
Address: 2747 S. Herman St.	
City: Milwau Gee ZIP CODE: 53207	la.
Organization Represented (if any):	8///
XI wish to speak.	
I do not wish to speak.	

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Please PRINT
Name: Chris Wacker
Address: 589 Homer St.
City: Milmorkee ZIP CODE: 53207
Organization Represented (if any):
XI wish to speak. if still here
I do not wish to speak.
*I oppose this
*I oppose this development.
Too many units

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Please PRINT	
Name: GAbriel SANIChEZ	
Address: 3614 8. HOWEII	
City: MIWAUKES ZIP CODE: 53207	
Organization Represented (if any): Email:	
I do not wish to speak.	
I do not wish to speak.	

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OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

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Please PRINT	
Name: SONTA POROWN	
Address: 2020 S. Vine AVE	2,
$\gamma \Lambda \Lambda \Pi$.	CODE: 53107
Organization Represented (if any):	T.,
Email SON JUL VVOWTON YO	100.00·
I wish to speak.	Ω
	a fosed
I do not wish to speak.	500

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Re: 131297 - Resolution approving conveyance of the former Dover Elementary School at 619 East Dover Street by the Milwaukee Board of School Directors, in the 14th Aldermanic District.

D1.... DD INTO

Please PRINT	
Name: DEAN LA Grow	
Address: 2810 S CLEMENT AVE	
City: BPY UIEW ZIP CODE: 53207	
Organization Represented (if any): Email: DEAN, CASIROLO, GMAIL, COM	R
I wish to speak.	10 PM
I do not wish to speak.	

REGISTRATIONFORM

The Special Zoning, Neighborhoods & Development Committee Meeting is scheduled for April 21, 2014, in Room 301-B, 3rd Floor, City Hall

At 10:00 AM

RE: 131770 - An ordinance relating to the change in zoning from Two-Family Residential to Detailed Planned Development to facilitate redevelopment on land located at 619 East Dover Street, on the south side of East Dover Street, west of South Kinnickinnic Avenue, in the 14th Aldermanic District.

Please I	PRINT		4
Name: ˌ	WILLIAM	ROULEAU	(ROO-LOW)
Address	s: 1332 e	Monitoba St	
City: _	Milwooker	ZIP	CODE: 53207
Organiz Email: _	zation Represented (i		eu business dunors
-	X I wish to spea	k.	
	I do not wish	to speak.	

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Re: 131297 - Resolution approving conveyance of the former Dover Elementary School at 619 East Dover Street by the Milwaukee Board of School Directors, in the 14th Aldermanic District.

Please PRINT

Name: lyle Baliste	
Address: <u>9316 w</u> .	MT. VERNON AV
City: Milu	ZIP CODE: <u>53226</u>
Organization Represented (if a	ny): Private citizen
∠ I wish to speak.	
I do not wish to	speak