

No. ---1

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 5, 2015 at 6:30 P.M.

Council Chambers, 3rd Floor, City Hall

RE: FILE: 150001- Communication from the Mayor relating to the proposed 2016 budget.

Please PRINT your name

Name:

Mary Watkins

Address:

2218 N 36th Street

City:

Milwaukee

ZIP CODE:

53208

Organization Represented (if any):

☒ I wish to speak.

☐ I do not wish to speak.

No. 2

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

REGISTRATION FORM

JOINT PUBLIC HEARING

October 5, 2015 at 6:30 P.M.

Council Chambers, 3rd Floor, City Hall

RE: FILE: 150001- Communication from the Mayor relating to the proposed 2016 budget.

Please PRINT your name

Name: Richard Geldon

Address: 9316 W. Park Hill

City: Mil.

ZIP CODE: 53226

Organization Represented (if any): _____

☒ I wish to speak.

☐ I do not wish to speak.

No. 3

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

REGISTRATION FORM

JOINT PUBLIC HEARING

October 5, 2015 at 6:30 P.M.

Council Chambers, 3rd Floor, City Hall

RE: FILE: 150001- Communication from the Mayor relating to the proposed 2016 budget.

Please PRINT your name

Name: Jimmy Hoite

Address: 1667 S. 25th St Apt #1

City: Milwaukee

ZIP CODE: 53204

Organization Represented (if any): _____

☒ I wish to speak.

☐ I do not wish to speak.

No. 4

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

REGISTRATION FORM

JOINT PUBLIC HEARING

October 5, 2015 at 6:30 P.M.

Council Chambers, 3rd Floor, City Hall

RE: FILE: 150001- Communication from the Mayor relating to the proposed 2016 budget.

Please PRINT your name

Name: Cytha Greenwood

Address: 1667 S. 26 St

City: Milwaukee

ZIP CODE: 53204

Organization Represented (if any): _____

☒ I wish to speak.

☐ I do not wish to speak.

No. ---

**OFFICE OF THE CITY CLERK
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October 5, 2015 at 6:30 P.M.

Council Chambers, 3rd Floor, City Hall

RE: FILE: 150001- Communication from the Mayor relating to the proposed 2016 budget.

Please PRINT your name

Name: Martha E. Rogers

Address: 3333 N. Argonne Dr.

City: Milwaukee

ZIP CODE: 53222

Organization Represented (if any): Hartung Park Community Association

☒ I wish to speak.

☐ I do not wish to speak.

No. 6

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

REGISTRATION FORM

JOINT PUBLIC HEARING

October 5, 2015 at 6:30 P.M.

Council Chambers, 3rd Floor, City Hall

RE: FILE: 150001- Communication from the Mayor relating to the proposed 2016 budget.

Please PRINT your name

Name: Ken Wischer

Address: 5510 N. 53rd St.

City: Milwaukee ZIP CODE: 53218

Organization Represented (if any): AFSCME Council 32

☒ I wish to speak.

☐ I do not wish to speak.

No. 7

**OFFICE OF THE CITY CLERK
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REGISTRATION FORM

JOINT PUBLIC HEARING

October 5, 2015 at 6:30 P.M.

Council Chambers, 3rd Floor, City Hall

RE: FILE: 150001- Communication from the Mayor relating to the proposed 2016 budget.

Please PRINT your name

Name: Dennis Hughes

Address: _____

City: Milwaukee

ZIP CODE: 53211

Organization Represented (if any): AFSCME Council 32

☒ I wish to speak.

☐ I do not wish to speak.

No. 8

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 5, 2015 at 6:30 P.M.

Council Chambers, 3rd Floor, City Hall.

RE: FILE: 150001- Communication from the Mayor relating to the proposed 2016 budget.

Please PRINT your name

Name: Zitelka Parr

Address: P.O. Box #1899

City: Milwaukee ZIP CODE: 53201

Organization Represented (if any): _____

☒ I wish to speak.

☐ I do not wish to speak.

No. 9

**OFFICE OF THE CITY CLERK
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October 5, 2015 at 6:30 P.M.

Council Chambers, 3rd Floor, City Hall

RE: FILE: 150001- Communication from the Mayor relating to the proposed 2016 budget.

Please PRINT your name

Name: Deby Albers

Address: 1831 W Cleveland #2

City: Milw ZIP CODE: 53215

Organization Represented (if any): Voces de la Frontera

☒ I wish to speak.

☐ I do not wish to speak.

No. 10

**OFFICE OF THE CITY CLERK
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REGISTRATION FORM

JOINT PUBLIC HEARING

October 5, 2015 at 6:30 P.M.

Council Chambers, 3rd Floor, City Hall

RE: FILE: 150001- Communication from the Mayor relating to the proposed 2016 budget.

Please PRINT your name

Name: Alvora Galeño

Address: 2222 S 15th St

City: Milwaukee WI ZIP CODE: ~~53215~~ 53215

Organization Represented (if any): Voces de la Frontera

☒ I wish to speak.

☐ I do not wish to speak.

No. 11

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 5, 2015 at 6:30 P.M.

Council Chambers, 3rd Floor, City Hall

RE: FILE: 150001- Communication from the Mayor relating to the proposed 2016 budget.

Please PRINT your name

Name: Christine Neumann-Ortiz

Address: 1027 S. 5th St

City: Milwaukee ZIP CODE: 53204

Organization Represented (if any): Voces de la Frontera

☒ I wish to speak.

☐ I do not wish to speak.

No. 12

**OFFICE OF THE CITY CLERK
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REGISTRATION FORM

JOINT PUBLIC HEARING

October 5, 2015 at 6:30 P.M.

Council Chambers, 3rd Floor, City Hall

RE: FILE: 150001- Communication from the Mayor relating to the proposed 2016 budget.

Please PRINT your name

Name: PATRICK AMES

Address: 2513 N 57

City: MILW

ZIP CODE: 53209

Organization Represented (if any): MODWA

☒ I wish to speak.

☐ I do not wish to speak.

No. 13

**OFFICE OF THE CITY CLERK
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REGISTRATION FORM

JOINT PUBLIC HEARING

October 5, 2015 at 6:30 P.M.

Council Chambers, 3rd Floor, City Hall

RE: FILE: 150001- Communication from the Mayor relating to the proposed 2016 budget.

Please PRINT your name

Name: GREGORY PERTZET

Address: 2861 N. Hubbard ST.

City: Milwaukee ZIP CODE: 53212

Organization Represented (if any): _____

X I wish to speak.

___ I do not wish to speak.

No. 14

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

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October 5, 2015 at 6:30 P.M.

Council Chambers, 3rd Floor, City Hall

RE: FILE: 150001- Communication from the Mayor relating to the proposed 2016 budget.

Please PRINT your name

Name: MAUDE GERM

Address: 2605 S 6th St

City: MILWAUKEE ZIP CODE: 53215

Organization Represented (if any): _____

✓ I wish to speak.

___ I do not wish to speak.

I SUPPORT
MILWAUKEE ID

15
No. ---

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

REGISTRATION FORM

JOINT PUBLIC HEARING

October 5, 2015 at 6:30 P.M.

Council Chambers, 3rd Floor, City Hall

RE: FILE: 150001- Communication from the Mayor relating to the proposed 2016 budget.

Please PRINT your name

Name: Khalil Coleman

Address: 4386 N. 27th St.

City: Milwaukee

ZIP CODE: 53209

Organization Represented (if any): Safe Zone

☒ I wish to speak.

☐ I do not wish to speak.

No. 16

**OFFICE OF THE CITY CLERK
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October 5, 2015 at 6:30 P.M.

Council Chambers, 3rd Floor, City Hall

RE: FILE: 150001- Communication from the Mayor relating to the proposed 2016 budget.

Please PRINT your name

Name: Shawn Moore

Address: _____

City: Milw ZIP CODE: 53209

Organization Represented (if any): Safe Zones Initiative

☒ I wish to speak.

☐ I do not wish to speak.

No. 17

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 5, 2015 at 6:30 P.M.

Council Chambers, 3rd Floor, City Hall

RE: FILE: 150001- Communication from the Mayor relating to the proposed 2016 budget.

Please PRINT your name

Name: María Maldonado

Address: 1121 Hartman Ct

City: Racine ZIP CODE: 53404

Organization Represented (if any): Voces DE LA Frontera
Racine,

☒ I wish to speak.

☐ I do not wish to speak.

No. 18

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

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October 5, 2015 at 6:30 P.M.

Council Chambers, 3rd Floor, City Hall

RE: FILE: 150001- Communication from the Mayor relating to the proposed 2016 budget.

Please PRINT your name

Name: TRASUS WRIGHT

Address: 1103 W. Garfield Ave

City: MILW

ZIP CODE: 53205

Organization Represented (if any): Lindsey Street Neighborhood

☒ I wish to speak.

☐ I do not wish to speak.

No. 19

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

JOINT PUBLIC HEARING

October 5, 2015 at 6:30 P.M.

Council Chambers, 3rd Floor, City Hall

RE: FILE: 150001- Communication from the Mayor relating to the proposed 2016 budget.

Please PRINT your name

Name: William F. Townsend

Address: 924 E. Juneau #461

City: Milwaukee,

ZIP CODE: 53202

Organization Represented (if any): _____

☒ I wish to speak.

☐ I do not wish to speak.

No. ---

**OFFICE OF THE CITY CLERK
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REGISTRATION FORM

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October 5, 2015 at 6:30 P.M.

Council Chambers, 3rd Floor, City Hall

RE: FILE: 150001- Communication from the Mayor relating to the proposed 2016 budget.

Please PRINT your name

Name: MARTY WALL

Address: 5705 W. Trenton Pl

City: Milwaukee ZIP CODE: 53213

Organization Represented (if any): Citizen

☒ I wish to speak.

☐ I do not wish to speak.