

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: Sam Singleton-Freeman

Address: 1149 N. 21st St.

City: Milwaukee ZIP CODE: _____

Organization Represented (if any): We Are All Milwaukee

☐ I wish to speak.

Coalition for Milwaukee IDs
Voces de la Frontera

☒ I do not wish to speak.

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: Rodrigo Rojas

Address: 2905 W Lincoln

City: Milwaukee ZIP CODE: 53215

Organization Represented (if any): Voces de la Frontera

☐ I wish to speak.

I support Mike ID's

☒ I do not wish to speak.

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: Jade Mora

Address: 1790 S. Moskego Ave

City: Milwaukee ZIP CODE: 53204

Organization Represented (if any): Voces de la Frontera

☐ I wish to speak.

☒ I do not wish to speak.

I support Milwaukee II

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: Roberto Garcia

Address: 23184 S. 10th St.

City: Milwaukee ZIP CODE: 53215

Organization Represented (if any): Voces de la Frontera

☐ 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: Marie Kelly

Address: 3901 N. Humboldt Blvd. Apt. 304

City: Milwaukee

ZIP CODE: _____

Organization Represented (if any): _____

☐ I wish to speak.

☒ I do not wish to speak.

I support Milwaukee ID

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: Andrew Chelius

Address: 2534 W. Highland Ave

City: Milwaukee ZIP CODE: _____

Organization Represented (if any): Voces de la Frontera

☐ I wish to speak.

☒ I do not wish to speak.

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: Maria Morales

Address: 952 N. Memorial Dr.

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. ---

**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: JOSE A LOPEZ

Address: 5942 S 27TH

City: MILWAUKEE WI ZIP CODE: 53221

Organization Represented (if any): _____

☐ I wish to speak.

☐ I do not wish to speak.

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: Lois Vileto

Address: 1525 S. 6TH

City: Mil. ZIP CODE: 53204

Organization Represented (if any): VOICES D LA FRONTERA

☒ I wish to speak.

☐ I do not wish to speak.

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: Yolanda Gonzalez

Address: 2336 W Becker

City: Milwaukee

ZIP CODE: 53215

Organization Represented (if any): Voices de la Frontera

☐ I wish to speak.

☒ I do not wish to speak. ~~NO~~ I support MKE ID's

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: Lesley Morales

Address: 3318 S 14th St.

City: Milwaukee

ZIP CODE: 53215

Organization Represented (if any): Voces de la Frontera

☐ I wish to speak.

☒ I do not wish to speak.

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: PODKAYNE LEE MILLER

Address: 2605 S 6TH ST., MKE

City: MKE ZIP CODE: 53215

Organization Represented (if any): GENDERQUEER MKE

☐ I wish to speak.

☒ I do not wish to speak.

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: Livia Rowell-Ortiz

Address: 2605 S. 6th St

City: Milwaukee ZIP CODE: 53215

Organization Represented (if any): None

☐ I wish to speak.

☒ I do not wish to speak.

AS
I support Milwaukee ID!

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: Thomas R. Niebler

Address: 415 E Knapp St. #18

City: Milwaukee ZIP CODE: 53202

Organization Represented (if any): Voces de la Frontera

 I wish to speak.

✓ I do not wish to speak.

I support City of Milwaukee
ID.

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: Francisco Vazquez

Address: 1327 S 15th St

City: MILWAUKEE

ZIP CODE: 53204

Organization Represented (if any): Voces del Frontero

☐ I wish to speak.

☒ I do not wish to speak.

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: Rosalinda Morales

Address: 3318 S 14 St

City: Milwaukee ZIP CODE: 53215

Organization Represented (if any): VOces de la Flortera

☐ I wish to speak.

☒ I do not wish to speak.

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: Olga Perez

Address: 1236 W. Madison st.

City: Milwaukee ZIP CODE: 53204

Organization Represented (if any): Voces de Frontera

☐ I wish to speak.

☒ I do not wish to speak.

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: Yali Sanchez

Address: 1813 S 30th St

City: Milwaukee ZIP CODE: 53215

Organization Represented (if any): Voces de la Frontera

☐ I wish to speak.

☒ I SUPPORT MKE ID'S

☐ I do not wish to speak.

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: Nancy Flores

Address: 3346 Whitnall Ave #16

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): Voces de la frontera

☐ I wish to speak.

☒ I do not wish to speak. I support MKE Id's
for thousands of Milwaukeeans

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: William F Large

Address: 2128 N 73rd St

City: Wauwatosa

ZIP CODE: 53213

Organization Represented (if any): Voces de la Frontera

☐ I wish to speak.

I Support Milwaukee
ID

☒ I do not wish to speak.

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: Justin Bielinski

Address: 2923 W. Mitchell St.

City: Milwaukee ZIP CODE: 53215

Organization Represented (if any): N/A

☐ I wish to speak.

☒ I do not wish to speak.

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: Samuel Dominguez Vicente

Address: 1131 W Madison St

City: Milwaukee ZIP CODE: 53204

Organization Represented (if any): _____

☐ I wish to speak.

☒ I do not wish to speak. yes Milwaukee ID

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: Guadalupe Gyllard

Address: 2549 S 10 St

City: Milwaukee ZIP CODE: 53217

Organization Represented (if any): Voces de la Frontera

☐ I wish to speak.

☒ I do not wish to speak.

I Support Milwaukee
A.D.

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: Margaret Murphy

Address: 1902 No. 49th

City: Milwaukee ZIP CODE: WI 53208

Organization Represented (if any): _____

☐ I wish to speak.

☒ I do not wish to speak.

I support City of Milwaukee ID

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: MARTINA HIZ

Address: 2527 W NACIONAL

City: MILWAUKEE WI ZIP CODE: 53204

Organization Represented (if any): _____

☐ I wish to speak.

☐ I do not wish to speak.

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: MARTHA TOFFER

Address: 1010 S-35th

City: MILWAUKEE ZIP CODE: WI

Organization Represented (if any): VOS de la FRONTERA

☐ I wish to speak.

☒ I do not wish to speak.

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: Beato Coronado

Address: 2185 64th St

City: Wauwatosa

ZIP CODE: 53213

Organization Represented (if any): _____

 I wish to speak.

~~X~~ I do not wish to speak.

YES I AM HERE

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: Gidget L Aranda

Address: 2442 S 17th Street

City: Milwaukee ZIP CODE: 53215

Organization Represented (if any): NONE

☐ I wish to speak.

☒ I do not wish to speak.

I Support Milwaukee I.D.

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: Carla Calderon

Address: 2360 S 17th St

City: Milwaukee WI ZIP CODE: 53215

Organization Represented (if any): Voces de la frontera

☐ I wish to speak.

☒ I do not wish to speak.

1 Milwaukee ID - yes

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: Larresa Taylor

Address: 8234 N 67th St

City: Milwaukee ZIP CODE: 53218

Organization Represented (if any): None

☐ I wish to speak.

☒ I do not wish to speak.

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: Tony Gibart

Address: 1245 E Washington AVE

City: Madison WI ZIP CODE: 53703

Organization Represented (if any): End Domestic Abuse WI

☐ I wish to speak.

☒ I do not wish to speak.

Registering in favor of city-issued IDs

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: RAUL MEDINA

Address: 1807 N 22 ST

City: MILWAUKEE WI

ZIP CODE: 53205

Organization Represented (if any): Voces de la Frontera

☐ I wish to speak.

☒ I do not wish to speak.

YES TO MILWAUKEE I.D.

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: ELUIA MEDINA

Address: 1807 N 22 ST Milwaukee

City: MIS

ZIP CODE: 53205.

Organization Represented (if any): _____

☐ I wish to speak.

☒ I do not wish to speak.

milw-ID

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: Leonardo Trinidad Boutista

Address: 3110 W preece

City: Milwaukee

ZIP CODE: 53215

Organization Represented (if any): _____

 I wish to speak.

 I do not wish to speak. yes Milwaukee to ID

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: Kenneth P. Greening

Address: 642 South 94 PLACE

City: West Allis

ZIP CODE: 53219

Organization Represented (if any): _____

☐ I wish to speak.

☒ I do not wish to speak. Support Milwaukee I.D.

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: Ma. Guadalupe Romero

Address: 913 S. 19th. St.

City: Milwaukee WI ZIP CODE: 53204

Organization Represented (if any): Voces de la Frontera

☒ I wish to speak.

☒ I do not wish to speak.

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: Guillermo Galardo

Address: 2504 S 5 st

City: Milwaukee

ZIP CODE: 53207

Organization Represented (if any): _____

☐ I wish to speak.

☒ I do not wish to speak.

I support Milwaukee I.D.

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: JOSE S BRAVO

Address: P.O. BOX 4431

City: MILWAUKEE

ZIP CODE: 53204

Organization Represented (if any): VOSES DE LA FRONTERA

☐ I wish to speak.

☒ I do not wish to speak.

I support Milwaukee ID

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: Gerardo Rojas

Address: 1025 W Scott St.

City: Milwaukee WI. ZIP CODE: 53204

Organization Represented (if any): _____

☐ I wish to speak.

☒ I do not wish to speak.

I Support Milwaukee ID.

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: Maria R. Martinez R.

Address: 1025 W Scott St.

City: Milwaukee WI.

ZIP CODE: 53204

Organization Represented (if any): _____

☐ I wish to speak.

☒ I do not wish to speak.

I Support Milwaukee ID.

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: Ignacio Suarez.

Address: 2514 SURV 5 ST

City: Milwaukee Wi. ZIP CODE: 53207

Organization Represented (if any): Voces de la Frontera

☐ I wish to speak.

☒ I do not wish to speak.

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: Alan Schultz

Address: 2231 S. 71st Street

City: West Allis ZIP CODE: 53219

Organization Represented (if any): Y.E.S.

☐ I wish to speak.

☒ I do not wish to speak.

I support
MKE I.D.S

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: David Ramirez

Address: 1624 S. Layton Blvd.

City: Milwaukee WI ZIP CODE: 53215

Organization Represented (if any): Voces de la Frontera

☐ I wish to speak.

☒ I support Mke. ID's

☐ I do not wish to speak.

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: ANONIO AYALA S.

Address: 1236 W. MADISON ST.

City: MILWAUKEE WI ZIP CODE: 53204

Organization Represented (if any): VOCES DE LA FRONTERA

☐ I wish to speak.

☒ I do not wish to speak.

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: Maribel Aranda

Address: 2442 S 17th St

City: Milwaukee ZIP CODE: 53207

Organization Represented (if any): _____

☐ I wish to speak.

☒ I do not wish to speak.

I SUPPORT Milwaukee ID.

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: Benjamin Mattson

Address: 1338 S. 7th St.

City: Milwaukee ZIP CODE: 53214

Organization Represented (if any): ~~LSB~~ Gender queer
Milwaukee

☐ I wish to speak.

☒ I do not wish to speak.

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: Shana Harvey

Address: 2194 Stonecroft Dr

City: Grassland ZIP CODE: 53024

Organization Represented (if any): Voces de la Frontera

☐ I wish to speak.

☒ I do not wish to speak.

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: Magdalena Andrade

Address: 2730 S 15 pl.

City: Milwaukee wt ZIP CODE: 53215

Organization Represented (if any): Vvey de la Frontera

☐ I wish to speak.

I support mke 10

☒ I do not wish to speak.

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: Martin Perena

Address: 2730 S 15 Pl

City: Milwaukee

ZIP CODE: 53215

Organization Represented (if any): Voices In La Frontera

☐ I wish to speak.

I support Mike ID

☒ I do not wish to speak.

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: RAFAELA Tunes Lemes

Address: 2405 W LINCOLN

City: MILWAUKEE

ZIP CODE: 53218

Organization Represented (if any): _____

☐ I wish to speak.

☒ I do not wish to speak.