	2
No.	

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name: Hearther Downer Combo

PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak

Address: 2 17 9 W. 544 St,

City: M. W. Zip Code: 53208

Organization Represented (if any): Indeed to speak.

I wish to speak.

I do not wish to speak.

More money for the Honging Trust finals: Please increase money for the speak.

	2
No.	2

REGISTRATION FORM

Name: P speak	LEASE PRINT YOUR NAME PHONETICALLY, if you wish to
Address:	
City:	Zip Code:
Organization 1	Represented (if any): HFSCME - D. C. 48
7	I wish to speak.
	I do not wish to speak.
layoff frestry	Season

	41
No.	<u>/ / </u>

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET October 20, 2008, 6:30 P.M. Commo <u>n Cou</u> ncil Chambers, 3rd Floor, City/Hall
Mc Hose
Name: 13 12
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
Address: $P, O, Box 1783$
City: MILWAUKEE Zip Code: 53201
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
. Best usuges, causes kn vs reaction; silvaste Fees.

	_	
No.	\mathbf{O}	

REGISTRATION FORM

Name:	JO Ann PLEASE PRIN	L'ra IT YOUR NA	 	ONETICAL	LY, if you wish to
speak	_			Ca	, •
Address:	1821	N- 1	9.th	31-	
City:	Milwauk	l C		Zip Code;	53205
Organiza	tion Represented (if any):	Com	mon	Ground
_	I wish to spe	ak.			
	I do not wish	n to speak.			
. Support you	the Jabs - CSu	mmer yout	le Progra)	

No	6	
110.		

REGISTRATION FORM

Name: PASTOR BOBBY L. PLEASE PRINT YOUR NA	SINCAIR AME PHONETICALLY, if you wish to
Address: 1809 W- ATKIN	USON AUS
City: MILW	Zip Code: <u>33206</u>
Organization Represented (if any):	
I wish to speak.	,
I do not wish to speak.	
Summer Juitle Jobs: (Common	Grounds)

No. 10

REGISTRATION FORM

	Name: PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
	Address: 1515 W. Klational
	City: Milwankee zip Code: 53204
	Organization Represented (if any): Good Jobs & Livable Neighborha
	I wish to speak.
TIFs	I do not wish to speak. support Good Johs - Support Commity benefits.

	FT	
No.	/	

REGISTRATION FORM

Name: RAUFU WILDER PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 4235 (), 32nd St.
City: MLWAWFF W.T. Zip Code: 53216
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
Support Summer Youth Jeb programs. \$300,000

	11
No.	rţ.

REGISTRATION FORM

Name: EN HANSON PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
Address: 220 E. Buffalo St
City: Milwaukel zip Code: 53202
Organization Represented (if any): COMMON Ground
I wish to speak.
Correction I do not wish to speak.
Common Ground, Support Summer youth Jobs programs.

3.7	9	
NΙο	,	
190		

REGISTRATION FORM

Name By The Peter PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
Address: 540 5 1 57 54
City: Milw Zip Code: 53204
Organization Represented (if any): Independence First
I wish to speak.
I do not wish to speak.
. Howsing trust fuls: Fully support housing that ful.

No.	14	
110.		_

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET October 20, 2008, 6:30 P.M. Common Council Chambers, 3rd Floor, City Hall

Name: JOHN A. LIWQUIST PLEASE PRINT YOUR NAME PH	
PLEASE PRINT YOUR NAME PH speak	ONETICALLY, if you wish to
Address: 2425 N. FLATWEY	
Anth	_ Zip Code:
Organization Represented (if any):	
I wish to speak.	
I do not wish to speak.	
not eliminate the self help.	
is Eycle much be prefected I must be maintained. Chambring	
I must be maintained. Chambri	the #s)

.Do

No 12

REGISTRATION FORM

	Name: Kathleen Hurley
	PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
	Address: 2758 S. Lenox St.
	Address: 2758 S. Lenox St. City: Mi Waukee Zip Code: 53207
	Organization Represented (if any):
	I wish to speak.
	I do not wish to speak.
ě	Save the Libraries.
ទ	inhranies most be maintained Wn neighborhoods.

	\mathcal{O}
No.	12

REGISTRATION FORM

Name:speak	D - TR PLEASE PRINT	TYOUR NAME PH	ONETICALLY, if	you wish to
Address:	8811 w.	OUL HAVon	A Auc	
City:	nilw		_ Zip Code ≤ 3 ∂	2>
Organizatio	on Represented (if	any): <u>ŊıSAB</u>	Leo	
-	I wish to spea	k.		
	I do not wish	to speak.		
chas MS.	problems who	n it snows, s	; hoveling out	corners for

No.	/	
TAO.		

REGISTRATION FORM

Name: Mike Line berg PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak	_
Address: 4215 U100 #486	
City: Zip Code: 53222	
Organization Represented (if any):	
I wish to speak.	_
I do not wish to speak.	
Support Housing That fands and support for snow remand	

REGISTRATION FORM

Name: Kolen Womack
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 8324 W. Kitche Atc
City: Milwanke Zip Code: 53924
Organization Represented (if any): Rogressile Baptist Church
I wish to speak.
I do not wish to speak.
Support summer jobs programs. Find monies for our youth would like to propose jobs for 3000 rather tea: 1000.
would like to propose jus for 3000 rather tea 1000.

	.77	
No.	- / /	

REGISTRATION FORM

Name: Chuck Belin PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 35/6 W Villara
City: Milwaukee Zip Code: 53209
Organization Represented (if any): Novth West CDC
I wish to speak.
I do not wish to speak.
. Keep the Labraires open.

REGISTRATION FORM

Name: Robert H Wei on J To PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 3033 W. Mt. Vernon Ave
City: Mil waukee Zip Code 53208
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
We don not need to raise taxes.
Keep Fire police, Libraries & give money to the summer Jobs
Privatize
Plant permes not

	10
No.	10

REGISTRATION FORM

Name: hovvaine b S. PLEASE PRINT YOUR NAME F	chlut
PLEASE PRINT YOUR NAME I speak	PHONETICALLY, if you wish to
Address: 4328 N.3056	
	Zip Code: <u>53216</u>
Organization Represented (if any):	
I wish to speak.	Block watel
I do not wish to speak.	Person
Save the libraries	

REGISTRATION FORM

Name: Willie Louelace
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 3270 N, 17 St
City: 11 Zip Code 53206
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
wt Libraires

REGISTRATION FORM

	PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
Address:	70/ N. GYH
City: MI	Zip Code: 533.33
Organization	Represented (if any): SNOW REMOVAC
<u>X</u>	I wish to speak.
·	I do not wish to speak.
· He is disable	and need the snow removed from corners

No. 29

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

Name: speak	PLEASE	Print you	JR NAME PHONETIC	CALLY, if you wish to	
Address <u>:</u>	2025	East	Greenwith	we #12/	
City:	Milwo	Mee	Zip Co	ode: 5321/	
Organiza	ation Represe	ented (if any):	Greenwich	Village As	SOÇ
	I wish	to speak.			
	I do n	ot wish to spe	eak.		

	20	
No.		

REGISTRATION FORM

Name: Sara Kham PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 848 N. 27th 84.
City: Milwaukle, w. Zip Code:
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
. July's Red Hot owners.

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET						
October 20, 2008, 6:30 P.M. Common Council Chambers, 3rd Floor, City Hall						
Name: PHILIP BLANK						
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak						
Address: 4545 W. Spencer Place						
City: M: Van Lee Zip Code: 5321 to						
Organization Represented (if any):						
I wish to speak.						
I do not wish to speak.						
Libraries						
. The need for additional lights						

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET October 20, 2008, 6:30 P M
October 20, 2008, 6:30 P.M. Common Council Chambers, 3rd Floor, City Hall
Name: AM GRIEBENOW GREE-BEN-NOW PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 3676 So. 78TH ST.
City: MICWAUKEE Zip Code: 53880
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
revies, Please restore her positions. Camical Ruf-

REGISTRATION FORM

Name: Richard Geldon PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to	
Address: 93/6 W, Park Hill AV	<u> </u>
City: Michaulce Zip Code: 53226	
Organization Represented (if any): I wish to speak.	
I do not wish to speak.	
Agamet the Housing that finds.	
Superts Management Res freeze.	
Respen Constract for Fire/Police i v . 25 Cut (08) - 25 (09) askfor	
Respen WCD tax dellars.	

No	33	

REGISTRATION FORM

Name: Sandra Wicker PLEASE PRINT YOUR NAM speak	ME PHONETICALLY, if you wish to
Address: 5226 West Viet St	treet
City: Milwankee	Zip Code: <u>53208</u>
Organization Represented (if any):	·
I wish to speak.	
I do not wish to speak.	
Where do children play. West Our	Krds are in the libraries ,
for safe havens.	
Library is a great resources.	

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET
October 20, 2008, 6:30 P.M.
Common Council Chambers, 3rd Floor, City Hall

Name:
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak

City:
Zip Code:

I wish to speak.

I do not wish to speak.

. Keep libraries open



REGISTRATION FORM

Name:	1-1 PFCR	b R. C	JAW82	
1-	PLEASE PR	INT YOUR NA	AME PHONETICA	LLY, if you wish to
Address:	2014 141LW	So. 30	th Sx	
City:	141LW		Zip Code	532/6
Organizati	on Represented	. (if any):		
λ	I wish to s	peak.		
		ish to speak.	^	
s wheel c	fees have	everyone	pay fees.	

REGISTRATION FORM

Name: Nick Simons
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 2645 N. Farwell Ave Apt #303
City: Milwaukee Zip Code: 53211
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
I do not wish to speak. Any division, supports Keeping them.
Soluti -

REGISTRATION FORM

Name: Loi6 La Rose PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
Address: 9541 W. Oklahoma #105
City: Milw Zip Code: 53227
Organization Represented (if any): Moderate & Property Apole Williams & Thank
I do not wish to speak.
. Preserve access for disabled individuals.

No.	8	
No.		

REGISTRATION FORM

Namai	Jeff	Berre	\neg		
Name: speak	PLEASE PRINT	YOUR NAME P	HONETICAL	LLY, if you wish	ı to
Address:	2768	NY	· • .		
City:	$\mathcal{U}_{l_{\perp}}$		Zip Code	53C1B	
Organizatio	on Represented (if	any):			<u>_</u>
	I wish to speak	ς.			
	_ I do not wish t	-			
13 years,	his job is le is being papa ed	seing cut:	(Aremod	leling job.	of a
Kitcheu	is being pape	es done.) He	e believes	his position	Shulil
be restor	eil	•	·	·	

No. <u>38</u>

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

Name:	AL		nsen	
speak	PLEASE PRINT YO	UR NAME PF	HONETICALLY,	if you wish to
Address:	2959	5.43		
City:	MIN		_ Zip Code;	3219
-	on Represented (if any)		-	215
\	I wish to speak.			
	I do not wish to sp	eak.	·	
te sur	ports the Mil	u Fire Di	patuent.	

REGISTRATION FORM

Name: Daniel Lee
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 6137 Wi Spoking ST.
City: Mi hanker zip Code: 23
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
· Restore Library
« keep lattel all Libraries open.

Νa	28	
INO.	010	

REGISTRATION FORM

Name: George Vagner
PLEASE PRINTYOUR NAME PHONETICALLY, if you wish to speak
Address: 3300 N. Nowhall St.
City: Milwaylee Zip Code: 1
Organization/Represented (if any):
I wish to speak.
I do not wish to speak.
libraries open
set Keep libraries open

No.	40
No.	70

REGISTRATION FORM

Name: BRANDON W. JENSEN PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 9/11 W. HERBERT CT.
City: MILWAUKET Zip Code: 53225
Organization Represented (if any): ATU LUCAL 998
I wish to speak.
I do not wish to speak.
part Police Aide
il like to see police officers on hus right

REGISTRATION FORM

Name: David Guran PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 3521 N. 544 Blue
City: Mil wantee Zip Code: 53216
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
iminate home land security
iminate home land security duce spending on DCD (Marketing)

REGISTRATION FORM

Name: Crri Linder	
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak	
Address: 2776 S. Superior	
City: Milwankel zip Code: 53207	
Organization Represented (if any):	
I wish to speak.	
I do not wish to speak. Water topt Head Help the Health Dyl. Health Deptment: Environ tal patrol seniors one	Den
Cut.	,
. Beaches, donking noter courricable diseases	
Emergency Prepareduess	

REGISTRATION FORM

Name: Brett Kemnitz PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 2850N 49th Street
City: Milwarkee Zip Code: 53210
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
Keep the Libraries open.
Very important achier jo an at the lybranies.
Sunner jobs for the 14ds

	44
No.	7- /

REGISTRATION FORM

Name: speak	PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
Addres	ss:
City:	Zip Code:
Organi	ization Represented (if any): <u>CZG</u> Weltwerle
	I wish to speak.
	I do not wish to speak.
ons m	plainte regarding DNS & pages of actions against
Get DNS	under control.

REGISTRATION FORM

Name: LT. CARTER HUNNICUT TO PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 2951 N. Dovsman ST.
City: Mil warken Zip Code: 53211
Organization Represented (if any): M, L. FIRE DEPT
I wish to speak.
I do not wish to speak.
· Sustain the cuts.
· Sustain the cuts.

No.	46
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REGISTRATION FORM

	Name: PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
	Address: 3327 N. Oaklant
	City: M/25 Zip Code: 53211
	Organization Represented (if any):
	I wish to speak.
	I do not wish to speak.
1 D	erly Disabled person. Unable to use the bus systems cause the corners are not cleared.

REGISTRATION FORM

Name: SEYMOUR PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 3614 5 557# 57
City: M/Cw Zip Code: 53228
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
He supports the firefighter
lestore the positions.
4 75 the minimum standards.
Matrix Study is flawed.

No. <u>50</u>

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

Name:speak		O'CONNO T YOUR NAME PI		Y, if you wish to	0
Address:	154 W	. Tripoli	Ave		
City:				53207	
Organizatio	on Represented (i	fany): Town of	Lake No	eighburhore	RASW
X	_ I wish to spe	*			
	_ I do not wish	ı to speak.			
. Save the 1	pravies.				

REGISTRATION FORM

Name: Andrew C Holman
Name: PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak
Address: SIZ N SOK St
City: Milwaukee Zip Code: 53208
Organization Represented (if any): Trisks of Milcw
I wish to speak. PUBLIC UBRARY
I do not wish to speak.
supports the libraries
not cost the liberate

REGISTRATION FORM

Name: Sue Blaustein PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
Address: 3415 N. Booth Street
City: Milwakee, WI zip Code: 53212
Organization Represented (if any): AFSCME LOCAL 1091
I wish to speak.
I do not wish to speak.
. Presence the Health departments.

	53
No.	

REGISTRATION FORM

Name: + Corrects. PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak	
Address: 8105 w ortho Au	
City: MILWAUKEE Zip Code: 53219	
Organization Represented (if any): Willbanker Frenchers Local 215 I wish to speak.	-
I do not wish to speak.	
pp. A the Abranies. Fire Cyliter	

3.7	54
No	

REGISTRATION FORM

Name: LT Charles PLEASE PRINT YOUR speak	Stamshore NAME PHONETICALLY, if you wish to
Address: 2571 5.	Brisbane AUE
City: Milw	Zip Code: ZO /
Organization Represented (if any):	Milwaukee Fire Dept
I wish to speak.	Local 215
I do not wish to speak	ζ.
- Support the libraries.	

REGISTRATION FORM

Name: KEVIN MONA PLEASE PRINT YOUR N speak	NAME PHONETICAL	LY, if you wi	sh to
Address: 4816 W C	LEVELAND	AVE.	
City: MILW.	Zip Code:	53219	
Organization Represented (if any):	MILWAUKEE	FIRE	DEFT.
I wish to speak.			
I do not wish to speak.			
. Support fire fighters			

REGISTRATION FORM

	Name: DAVID VOELTNER PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
	Address: 5311 W JERELYN PL
	City: MILWAUKEE Zip Code: 53219
	Organization Represented (if any): MILWAUKEE FIRE OFPT
	I wish to speak.
	I do not wish to speak.
7	Support the Fire Lighters

REGISTRATION FORM

Name: Edward w schott PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak
Address: 4528 W Cleveland AVE
City: MilwarkER WI Zip Code: 53219
Organization Represented (if any): MFD
I wish to speak.
I do not wish to speak.
Juppet firefightes — He ran over very discrepe abusive of 2.00 minutes set aside for everyone. I
abustre of 2.00 minutes set asrile for everyone. I
had to hit the garel.

	58	
Nα	90	
	-	

REGISTRATION FORM

Name: PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak
Address: 911 - W. MAPLE -7
City: M/LW Zip Code: 5320 Y
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
c has concerns regarding the lead aboutement program
un the Health Deptment.

REGISTRATION FORM

Name:	Russ Shrader
speak	PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
Address: {	3955 N. 86th St.
City:	11 Waukee zip Code: 53224
Organization	Represented (if any): MFD
X	I wish to speak.
	I do not wish to speak.
supports	the fire fighters.

No. UI

REGISTRATION FORM

Name: JEFF GAUTHIER
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 3147 S, 44 TH ST
City: MILWAUKEE Zip Code: 53219
Organization Represented (if any): LOCAL 215
I wish to speak.
I do not wish to speak.
pport fire fighters

REGISTRATION FORM

Name: Stephanie Bahr PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 2119 N. Dr. Martin Lother King Jr. Drive
Address: 2119 N. Dr. Martin Lother King Jr. Drive City: Milwukee Zip Code: 53212
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
re supports the libraries
ease du not cont librario ex Dalice

No.	:04
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REGISTRATION FORM

	JOINT PUBLIC HEARING - 2009 BUDGET October 20, 2008, 6:30 P.M. Common Council Chambers, 3rd Floor, City Hall
	Name: AMATULLAH UMRANI UM-RAH-NEE Speak Name: PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
	Address: 545 N, 29th St
	City: Milwaulee Zip Code: 53208
	Organization Represented (if any):
	I wish to speak.
	I do not wish to speak.
ų	Squin-la
•	Squin-los Overnghit parking

REGISTRATION FORM

	Name: LINDA SHA	CKELFORD
	PLEASE PRINT YOUR N speak	AME PHONETICALLY, if you wish to
	Address: 4619 N	4/57
	City: $M1/W$	Zip Code: 53209
	Organization Represented (if any):	·
	I wish to speak.	
	I do not wish to speak.	
. K	eep the libraries open	

REGISTRATION FORM

Name: P	LEASE PRINT YOUR NAME PHONETICALLY, if you wish to		
Address:	32 45 50 83 Rd St.		
City: //	7)/W Zip Code: 532/9		
Organization Represented (if any):			
X	I wish to speak.		
	I do not wish to speak.		
- supports	the fire fighters.		

REGISTRATION FORM

JOINT PUBLIC HEARING - 2009 BUDGET October 20, 2008, 6:30 P.M. Common Council Chambers, 3rd Floor, City Hall

Name:	Scott Vilter PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to				
speak					
Address:	4801 W. Jackson Park Dr.				
City:	Milwanker zip Code: 53219				
Organization Represented (if any):					
	I wish to speak.				
	_ I do not wish to speak.				
Suppor	to the fight Lie Lighters				

· He