REGISTRATION FORM

	Luin A List		
Name: A P speak	PLEASE PRINT YOUR NAME PH	ONETICALI	Y, if you wish to
Address: 2.	211 1 Booth St.		
	/	_ Zip Code:_	53212
/ Organization l	Represented (if any): AFSCM I wish to speak.	IE DC	148
	I wish to speak.		
<u> </u>	I do not wish to speak.	•	

No.	

REGISTRATION FORM

F	ender wood PLEASE PRINT YOUR NAME PI	HONETICALLY, if you wish to
speak	4	
Address:	174N35SL	
City: 🎷	il wi	Zip Code: 53209
Organization	Represented (if any):	,
	I wish to speak.	
X	I do not wish to speak.	

No.

REGISTRATION FORM

Name: Shirley Wood			
PLEASE PRINT YOUR N	JAME PH	ONETICALL	Y if you wish to
speak	17 217122 1 11	ONLINCALL	1, 11 you wish to
Address: 4578 N 39	St	•	
City: Milwaukee	Wi	_ Zip Code:	53209
Organization Represented (if any):		•	
I wish to speak.			
I do not wish to speak.	,		

No.

REGISTRATION FORM

Mama	Am Dorllow Muller
Name:—speak	PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
Address:	2804 & Wewberry Blad
City:	Milleriele Zip Code: 532/1
Organiza	ation Represented (if any): Conuncial Grand
	I wish to speak.
_	I do not wish to speak.

No.		

REGISTRATION FORM

Name: MARCO SHIPION	H
PLEASE PRINT YOUR NAME P speak	HONETICALLY, if you wish to
Address: 2817 N. 68th	$\leq \mathcal{T}$
City: MILW	Zip Code: 53716
Organization Represented (if any):	051724
I wish to speak.	,
I do not wish to speak.	

No.		
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REGISTRATION FORM

Name: William Dummer	
PLEASE PRINT YOUR NA	ME PHONETICALLY, if you wish to
Address: 5/09 Washington	Blod
City: NT/	Zip Code: 5320C
Organization Represented (if any):	mmon Ground
I wish to speak.	
I do not wish to speak.	

No.			
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REGISTRATION FORM

Name: Sanny Mimis PLEASE PRINT YOUR NAME PI speak	HONETICALLY, if you wish to
Address: 4265 N 3079 ST	
City: <i>Mi/w</i> .	Zip Code: <u>532/6</u>
Organization Represented (if any):	
I wish to speak.	
I do not wish to speak.	

	/
No.	

REGISTRATION FORM

Name: San McGovern-Rower
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 3034 N. Stowell Ave
City: Milwiles WI Zip Code: 532//
Organization Represented (if any): Mothwest Side () C
I wish to speak.
I do not wish to speak.

No.	

REGISTRATION FORM

Name: Coylers Dondson PLEASE PRINT YOUR NAME PHO	
speak PLEASE PRINT YOUR NAME PHO	ONETICALLY, if you wish to
Address: 27/6 M Stowell.	
City: Mila)	_ Zip Code: 532 / /
Organization Represented (if any):	
I wish to speak.	
I do not wish to speak.	

No.	

REGISTRATION FORM

Name: Peter Kova — PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 2653 E Bellevien Pl
City: Milwallee Zip Code: 535 V
Organization Represented (if any):
I wish to speak.
I do not wish to speak.

No.	
No.	

REGISTRATION FORM

	Name: PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
	Address: 2716 N. STOWELL
	City: MIC W1 Zip Code: 53211
	Organization Represented (if any): MY SELF
	I wish to speak.
	I do not wish to speak.
	PROTEST TAY IN CRESSES TAX ES ARE TO HIGH FOR THE EAST PERMY BAD SERVICE THE EAST SIDE CETY !!!
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	DO YOU REMIZE THIS IS RECESSION

No.		

REGISTRATION FORM

,	JOINT PUBLIC I October 2	HEARING - 2 20, 2008, 6:30	.009 BUDGE) P.M.	T	
	October Common Council (6	Chambers, 3rd	Floor, City I	Hall	
Name:	Hunas	Pente			
speak	PĽEASE PŘINT YOUI	R NAME PHO	ONETICALL	Y, if you wish to	ı
Address:	7241 S. Wine	chaster			
City:	UKE		Zip Code:	53207	240
	ion Represented (if any):				
	I wish to speak.	Me 1			
l	I do not wish to spea	k.			

No.

REGISTRATION FORM

Name: Rosalind	Roe John	Ston
PLEASE PRINT	Î YOUR NĂME PHO	ONETICALLY, if you wish to
Address: 2822	N. Fratus	ey St.
city: Mitw.		Zip Code: 53212
Organization Represented (if	`any):	
I wish to spea	ık.	
I do not wish	to speak.	

No

REGISTRATION FORM

Name: Annie J Jones PLEASE PRINT YOUR NAME I speak	PHONETICALLY, if you wish to
Address: 5704 N 94 S+	
City: Milw, WT	Zip Code: <u>5322</u> ケ
Organization Represented (if any): Local	1091
I wish to speak.	
X I do not wish to speak.	

No.	
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REGISTRATION FORM

Name: Ayir Speak	ACHO A. DONALOSON PLEASE PRINT YOUR NAME PHO	ONETICALLY, if you wish to
Address: 80	16 W VIZLARO	· · · · · · · · · · · · · · · · · · ·
City: Milwx	AUKEE WT	Zip Code: 53218
Organization :	Represented (if any):	· · · · · · · · · · · · · · · · · · ·
	I wish to speak.	
/	I do not wish to speak.	

No.		

REGISTRATION FORM

Name: Sangita Nayak PLEASE PRINT YOUR NAME PI speak	HONETICALLY, if you wish to
Address: 3122 S. 9th Place	
City: Milwaulcee	Zip Code: <u>53215</u>
Organization Represented (if any):	
I wish to speak.	
I do not wish to speak.	

No

REGISTRATION FORM

PHONETICALLY, if you wish to
, , ,
Zip Code: <u>\$3202</u>
•

	107	
No.	_ W /	

REGISTRATION FORM

Name: Jesse Wi	ison
PLEASE PRINT YOUR speak	NAME PHONETICALLY, if you wish to
Address: 2948 M	2150
City: 11/1/W	Zip Code: <u>53</u> み0と
Organization Represented (if any): _	
I wish to speak.	
I do not wish to speak	•

REGISTRATION FORM

	H A MCHADON LEASE PRINT YOUR NAMI	E PHONETICALLY, if you wish to
•	65 11 5t. A.	
Address. $\propto \chi_{\chi}$	23 N. SUMMIT AVE	
City: Milut	AUKEE, WI	Zip Code: 53211
Organization F	Represented (if any):	
	I wish to speak.	
	I do not wish to speak.	

	21	
No.	01	

REGISTRATION FORM

Name: Belinda	Morris
PLEASE PRINT YOUR I	NAME PHONETICALLY, if you wish to
Address: 3239 N	2451
City: WWW	Zip Code: 53200
Organization Represented (if any):	AFSCME
I wish to speak.	
I do not wish to speak.	

No.	49
INO.	· ţ

REGISTRATION FORM

Name: speak	PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
Address:	3144 South 39th St
City:	3144 Sorth 39th St Milyarkee WF Zip Code: 53215
Organizati	on Represented (if any):
*	_ I wish to speak.
	_ I do not wish to speak.
	Protest our Public
	Libraries and Parts

REGISTRATION FORM

Name: An speak	thont B PLEASE PRINT YOU	NAME PHO	ONETICALLY	, if you wish to
Address: 4	519 N28t	th		
City: M .\	mankee		Zip Code: S	53209
Organization]	Represented (if any):			
$\overline{}$	I wish to speak.			
	I do not wish to spe	ak.		

	48
No	

REGISTRATION FORM

Name: PAM DOR-RIS
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 2719 N. STOWELL AVE
City: MILWAULEE Zip Code: 53211
Organization Represented (if any):
I wish to speak.
I do not wish to speak.
NO NEW TAXES!
NE DON'T GET SERVICES
now - we wan't get meven is we pay!
meven if we pay!

REGISTRATION FORM

Name:	THORS - NIMPLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
Address:	3205 N BREMEN
City:	Zip Code: 53313
Organization	Represented (if any): PUBLIC HEALTH NURSES
\angle	I wish to speak.
	I do not wish to speak.

REGISTRATION FORM

Name: 19arriet Breitam PLEASE PRINT YOUR NAME	Lon
PLEASE PRINT YOUR NAME speak	PHONETICALLY, if you wish to
Address: 15505 59	
City: Wast Allie	Zip Code: 532/14/
Organization Represented (if any):	
I wish to speak.	
I do not wish to speak.	

REGISTRATION FORM

Name: Helen Rude
PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to speak
Address: 4913 W/Colonial of
City: Green field Zip Code: 5 3220
Organization Represented (if any):
I wish to speak.
I do not wish to speak.

No.	15

REGISTRATION FORM

Name: ROLLANGE PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to
speak
Address: 2762 N 38 th 87
City: Mil v Zip Code: 532/0
Organization Represented (if any): GODIS P. Comm. Ch-
I wish to speak.
I do not wish to speak.

	つつ
No.	do

REGISTRATION FORM

Name:	PLEASE PRINT YOUR NAME PHONETICALLY, if you wish to		
speak			
Address:	2115 N. Hi	M+BD	
City:	mile	Zip Code:	
Organizati	on Represented (if any):		
$\overline{}$	_ I wish to speak.		
	I do not wish to speak.		