COMMON COUNCIL / CITY CLERK'S OFFICE HISTORIC PRESERVATION COMMISSION
HISTORIC PRESERVATION COMMISSION
Date of Meeting:
Relating to Item (number on agenda) April 10 2017
Give brief title of item: State Breet MANS
Name: STEVE EWING Address: 3/19 W Wells
City: M //_ W State// Zip53 Z J & E-Mail
Representing: Steven Evider & Co
I AM IN FAVOR OF PROPOSAL AND
I wish to speak I do not wish to speak
I AM OPPOSED TO THE PROPOSAL AND
I wish to speak I do not wish to speak
I wish to be placed on the mailing list / E_MAIL list for this item and notified of any further actions.
msword/forms/hpc meeting room/new speaker forms
COMMON COUNCIL / CITY CLERK'S OFFICE HISTORIC PRESERVATION COMMISSION
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Date of Meeting:
HISTORIC PRESERVATION COMMISSION
Date of Meeting:  Relating to Item (number on agenda)  Give brief title of item:  HISTORIC PRESERVATION COMMISSION  Date of Meeting:  Give brief title of item:
Date of Meeting:  Relating to Item (number on agenda)  Give brief title of item:  What  Description  Descript
Date of Meeting:  Relating to Item (number on agenda) 1619  Give brief title of item: What was Diefen Address: 2432 W Kilbaru
Date of Meeting:  Relating to Item (number on agenda) 1519  Give brief title of item: Wheat Waller Address: 2432 W Kelbarr  City: Beleviel State W Zip 5323 E-Mail
Date of Meeting:  Relating to Item (number on agenda)  Give brief title of item:  Name: Amas Diefen Address: 2432 W fullar  City: Bularul State W Zip 5323 E-Mail  Representing:
Date of Meeting:  Relating to Item (number on agenda)  Give brief title of item:  Name:  Amag Diefen Address:  City:  Buland State  Tip 5323  E-Mail  Representing:  I AM IN FAVOR OF PROPOSAL AND
Date of Meeting:  Relating to Item (number on agenda) 1619  Give brief title of item: Address: 2432 W Fulfart  City: Dulated State W Zip 5323 E-Mail  Representing:

msword/forms/hno mooting room/now analyse farms

## COMMON COUNCIL / CITY CLERK'S OFFICE HISTORIC PRESERVATION COMMISSION

Date of Meeting:
Relating to Item (number on agenda)
Give brief title of item: 5747557745M
Name: / 106 (No 14 OA)/05 Address: 214 No. 76 5/1
City: 1/1/1/1/1/2018 State 1/1/21 zip 532/4-Mail 06/1/1/805/60/1/2018
Representing:
I AM IN FAVOR OF PROPOSAL AND
I wish to speakI do not wish to speak
I AM OPPOSED TO THE PROPOSAL AND
I wish to speak I do not wish to speak
I wish to be placed on the mailing list / E_MAIL list for this item and notified of any further actions.
msword/forms/hpc meeting room/new speaker forms
COMMON COUNCIL / CITY CLERK'S OFFICE HISTORIC PRESERVATION COMMISSION
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Date of Meeting:  Relating to Item (number on agenda)
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HISTORIC PRESERVATION COMMISSION  Date of Meeting:  Relating to Item (number on agenda)
HISTORIC PRESERVATION COMMISSION  Date of Meeting:  Relating to Item (number on agenda)
Pate of Meeting:  Relating to Item (number on agenda)  Give brief title of Item:  Name:     Address: 2743   State   Address: 2743   State   City:   State   VI   Zip   S3208   E-Mail   State   City:   State   VI   Zip   S3208   E-Mail   City:   Ci
Date of Meeting:  Relating to Item (number on agenda)  Give brief title of Item.  Manue: Mohin Muller Address: 2743 W. State  City: Milwanker State WT Zip 53206 E-Mail  Representing:

\_\_\_\_ I do not wish to speak

I wish to be placed on the mailing list / F\_MAII list for this item & notified of any further actions

\_\_\_\_ I wish to speak

## COMMON COUNCIL / CITY CLERK'S OFFICE HISTORIC PRESERVATION COMMISSION

Date of Meeting:
Relating to Item (number on agenda)
Give brief title of item: State Street Theatre
Name: Pat Moeller Address: 4502 W Martin
City: Milwakee State W1 Zip 53208 E-Mail proelle (4502 agrail.
Representing: <u>myself.</u>
I AM IN FAVOR OF PROPOSAL AND
I wish to speak I do not wish to speak
I AM OPPOSED TO THE PROPOSAL AND
I wish to speak I do not wish to speak
I wish to be placed on the mailing list / E-MAIL list for this item & notified of any further actions.
COMMON COUNCIL / CITY CLERK'S OFFICE
HISTORIC PRESERVATION COMMISSION
Date of Meeting:
Date of Meeting:  Relating to Item (number on agenda)
Date of Meeting:
Date of Meeting:  Relating to Item (number on agenda)
Date of Meeting:  Relating to Item (number on agenda) #5  Give brief title of item: Historic Designation of the Chret Thate  Name: Keigh Starley Address: 624 N. 244
Date of Meeting:  Relating to Item (number on agenda) #5  Give brief title of item: Historic Dosignation of State Acot Thate-  Name: Keich Starley Address: 624 N. 244  City: Mil State WI zip (\$233 E-Mail director near abadipations and
Date of Meeting:  Relating to Item (number on agenda) #5  Give brief title of item: Historic Designation of State Arch Thate-  Name: Keigh Starley Address: 624 N. 244  City: Mil State WI Zip (\$23) E-Mail director near Madipulinos org
Date of Meeting:  Relating to Item (number on agenda) #5  Give brief title of item: Historic Designation of State Thate- Name: Keith Starley Address: 624 N. 244*  City: Mil State WI Zip (\$23) E-Mail director rean abadi partness org  Representing: 1000 Word Gels Partners  I AM IN FAVOR OF PROPOSAL AND
Date of Meeting:  Relating to Item (number on agenda) #5  Give brief title of item: Historic Designation of State Area Thate-Name: Keigh Starley Address: 624 N. 24  City: Mil State I Zip (\$23) E-Mail director rean Madiputation of Representing: Name: I wish to speak  I wish to speak I do not wish to speak

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## COMMON COUNCIL / CITY CLERK'S OFFICE HISTORIC PRESERVATION COMMISSION

Date of Meeting: 4/10/17
Relating to Item (number on agenda)
Give brief title of item: Shake Shaket Thesates
Name: Howness Address: 831 W Wisconst
City:
Representing: Hanney Start
I AM IN FAVOR OF PROPOSAL AND
wish to speak I do not wish to speak
I AM OPPOSED TO THE PROPOSAL AND
I wish to speak I do not wish to speak
I wish to be placed on the mailing list / E_MAIL list for this item and notified of any further actions.

msword/forms/hpc meeting room/new speaker forms