

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

The Zoning, Neighborhoods & Development Committee
3rd Floor, Room 301-B, City Hall
9/19/17

At 9:00 AM

Re: Item 18 - 170406 - A substitute ordinance relating to the change in zoning from Detailed Planned Development to a new Detailed Planned Development for a multi-family residential development at 1550 North Prospect Avenue, on the east side of North Prospect Avenue, north of East Albion Street, in the 4th Aldermanic District.

Re: Item 19 - 170817 - Resolution relating to a Memorandum of Understanding between Goll Mansion LLC and the City of Milwaukee for the provision of community benefits and preservation of the Frederick T. and Eleanor Goll House in conjunction with Goll Mansion LLC's development of the property located at 1550 North Prospect Avenue.

Please PRINT

Name: Tom Croasdaile

Address: 1522 N. Prospect Ave #904

City: MILW ZIP CODE: 53202

Organization Represented (if any): _____

Email Address: tomcroasdaile@gmail.com

☐ I wish to speak.

☒ I do not wish to speak.

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Please **PRINT**

Name: GARY D. ROSENBERG

Address: 1522 N. PROSPECT AVE. #502

City: MILWAUKEE ZIP CODE: 53202

Organization Represented (if any): SELF

Email Address: GARY.ROSENBERG@SBCGLOBAL.NET

☐ I wish to speak.

☒ I do not wish to speak.

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Please **PRINT**

(OPPOSED)

Name: GARY LAKRITZ

Address: 1522 N. PROSPECT AVE. #605

City: MILWAUKEE ZIP CODE: 53202

Organization Represented (if any): _____

Email Address: lakritzgary@gmail.com

☐ I wish to speak.

☒ I do not wish to speak.

Non Speakers

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Please **PRINT**

Name: PRISCILLA CAMILLI

Address: 1522 N PROSPECT AVE #705

City: MILW ZIP CODE: 53202

Organization Represented (if any): _____

Email Address: prissy9098@gmail.com

☐ I wish to speak.

☒ I do not wish to speak.

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Please **PRINT**

Name: Carol Raasch

Address: 1522 N. Prospect Ave #1603

City: Milwaukee ZIP CODE: 53202

Organization Represented (if any): _____

Email Address: imcrash@att.net

☐ I wish to speak.

☒ I do not wish to speak.

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Please **PRINT**

Name: THOMAS MILLER

Address: 111 W. WISCONSIN

City: MILWAUKEE WI ZIP CODE: 53203

Organization Represented (if any): KATHOL SCHOLAR

Email Address: _____

☐ I wish to speak.

☒ I do not wish to speak.

PRESENTING

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Please **PRINT**

Name: CAMILLE BOURNE

Address: 1522 N. Prospect Ave.

City: MILWAUKEE ZIP CODE: 53202

Organization Represented (if any): _____

Email Address: Kimpalmer1185@gmail.com

☐ I wish to speak.

☒ I do not wish to speak.

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Please **PRINT**

Name: Deborah Holtkamp

Address: 1522 N. Prospect Ave, # 903

City: Milwaukee ZIP CODE: 53202

Organization Represented (if any): 1522 On The Lake

Email Address: deb.holtkamp@gmail.com

☐ I wish to speak.

☒ I do not wish to speak.

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Please **PRINT**

Name: Beverly Roth

Address: 1522 N. Prospect Ave #405

City: MILWAUKEE WI ZIP CODE: 53202

Organization Represented (if any): _____

Email Address: broth@wi.rr.com

☐ I wish to speak.

☒ I do not wish to speak.

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Please **PRINT**

Name: Ellen Driscoll

Address: 1522 N, Prospect Ave #904

City: Milwaukee ZIP CODE: 53202

Organization Represented (if any): _____

Email Address: elledriscoll@gmail.com

☐ I wish to speak.

☒ I do not wish to speak.

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Please **PRINT**

Name: Ken Kraemer

Address: 731 N. Jackson St.

City: Milwaukee ZIP CODE: 53202

Organization Represented (if any): Building Advantage

Email Address: KKraemer@buildingadvantage.org

☐ I wish to speak.

☒ I do not wish to speak.

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Please **PRINT**

Name: ROBERT DIGGELMAN

Address: 1522 N PROSPECT AVE. #304

City: MILWAUKEE ZIP CODE: 53202

Organization Represented (if any): _____

Email Address: DIGGELMANBC@ATT.NET

☐ I wish to speak.

☒ I do not wish to speak.

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Please **PRINT**

Name: Carol Diggelman

Address: 1522 N Prospect Ave., Unit 304

City: Milwaukee ZIP CODE: 53202

Organization Represented (if any): _____

Email Address: diggelmanbc@att.net

☐ I wish to speak.

☒ I do not wish to speak.

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Please **PRINT**

Name: JAMES MADLOM

Address: Office : 1749 N. Prospect ~~Home : 1749 N. Prospect~~

City: Milwaukee ZIP CODE: 53204

Organization Represented (if any): Mueller Communication

Email Address: _____

☐ I wish to speak.

☒ I do not wish to speak.

Support
the project

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Please **PRINT**

Name: Erik Thomas

Address: 2970 Monterey Blvd

City: Brookfield ZIP CODE: 53005

Organization Represented (if any): _____

Email Address: _____

☐ I wish to speak.

☒ I do not wish to speak. I Support the Project

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Please **PRINT**

Name: CHAD KELLER

Address: 2035 N 48TH ST

City: MILWAUKEE ZIP CODE: 53208

Organization Represented (if any): ARCHANGEL DEVICE LLC

Email Address: CHADWICKSKELLER@GMAIL.COM

☐ I wish to speak.

☒ I do not wish to speak. I DO SUPPORT THIS DEVELOPMENT PROJECT