COMMON COUNCIL / CITY CLERK'S OFFICE HISTORIC PRESERVATION COMMISSION

Date of Meeting:
Relating to Item (number on agenda) 170767
Give brief title of item: COA CZC655 N- LAKED/
Name: GARY URBAN Address: Atto 12217 W WALLOWN P. Reass City: HAULUSOGN State WI Zip 35216 E-Mail GRUNURBANC HAWLS COMPANY OF COM
City: Harrisogs State W/ Zip 3520 E-Mail GARYURBARG HAWKS
Representing: SCH1ESL
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
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Date of Meeting: Relating to Item (number on agenda) 1707 67 Give brief title of item: 265 N Lake DR Name: Ali Schies Address: 7000 No Beach
Date of Meeting: Relating to Item (number on agenda) 10747 Give brief title of item: 2655 N Lable DR Name: Ali Schiest Address: 7000 No Beach City: Fox Point State W Zip 5321/E-Mail ali. Schiesta gmail
Date of Meeting: Relating to Item (number on agenda) 170747 Give brief title of item: 2655 N Lake DR Name: Ali Schiest Address: 7000 No Beach City: FOX POINT State W Zip 5321/E-Mail ali Schiesta gmail Representing: And Schiest
Date of Meeting: Relating to Item (number on agenda) 170767 Give brief title of item: 265 N Dave DR Name: Ali Schies Address: 7000 No Beach City: Fox Dint State W Zip 5321/E-Mail ali Schies agmain Representing: And Schies AND
Date of Meeting: Relating to Item (number on agenda) 1016 Give brief title of item: 265 Nable DR Name: Ali Schies Address: 7000 No Beach City: Tox VIIII State N Zip 5321/E-Mail ali Schies agmai Representing: And Schies and Schies agmai Countille Wish to speak I do not wish to speak

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