170940

OFFICE OF THE CITY CLERK CITY OF MILWAUKEE

REGISTRATION FORM

The Public Safety and Health Committee Meeting, in Room 301-B, 3rd Floor, City Hall. 10/5/17

At 9:00 am

Please PRINT	
Name: James 4) Srowr	1
Name: <u>James W Skowr</u> Address: <u>3159 n. 24 G</u>	P
City: Mil	ZIP CODE: Wi 5306
Organization Represented (if any):	
Email Address:	
Ĉ	
XI wish to speak.	
I do not wish to speak.	*

REGISTRATIONFORM

The Public Safety and Health Committee Meeting, in Room 301-B, 3rd Floor, City Hall. 10/5/17

At 9:00 am

Please	PRINT
Name:	BARBARA NWY MOORE
Addres	ss:
City: _	ZIP CODE: 53209
	zation Represented (if any): Northwest Side CDC
Email .	Address:
	I wish to speak.
	I do not wish to speak.

REGISTRATIONFORM

The Public Safety and Health Committee Meeting, in Room 301-B, 3rd Floor, City Hall. 10/5/17

At 9:00 am

Please PRINT	. 1
Name: Ms Vi	Wouldens
Address: 6402	W. Keefe Aug pkuy
City: Milkel	ZIP CODE: 532/6
Organization Represented (if a	ny): Dineer park Association
Email Address:	
XI wish to speak.	
I do not wish to	speak.

REGISTRATIONFORM

The Public Safety and Health Committee Meeting, in Room 301-B, 3rd Floor, City Hall. 10/5/17

At 9:00 am

Please PRINT	
Name: RANDALL ARONSON	
Address: 3811 N. 55th 54	Mited
City: Mt/W. ZIP CODI	E: 53216
Organization Represented (if any): ORASSLYN	MANOR BLOCK CLUB
Email Address:	
	1
	SHERMAN PARK
	NEIGH TRATEHOOD
I do not wish to speak.	ASS1. 410
	- tom

REGISTRATION FORM

The Public Safety and Health Committee Meeting, in Room 301-B, 3rd Floor, City Hall. 10/5/17

At 9:00 am

Please PRINT
Name: 5734 O'COV LAN
Address: 3310 N 56
City: ZIP CODE: 532/6
Organization Represented (if any): 6 M55LYN MANNON
Email Address: OCVNGaSell6MALL.Com
I wish to speak.
I do not wish to speak.