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**OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE**

REGISTRATION FORM

The Public Works Committee Meeting
9:00 A.M.
April 26, 2018
Room 301-B, 3rd Floor, City Hall

RE: Item # 16 - Communication from the Department of Public Works regarding bridge operations.

PLEASE PRINT

Name:

ROBERT ROBERSON

Address: 3456 N. PIERCE

City: MILW W. ZIP CODE: 53212

Organization Represented (if any): MILW. HARBOR YACHT CLUB

Email address: HYWAYHAULER @ gmail

I wish to speak.

Commodore

I do not wish to speak.

Done

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9:00 A.M.
April 26, 2018
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RE: Item # 16 - Communication from the Department of Public Works regarding bridge operations.

PLEASE PRINT

Name:

William P. Willman

Address: 1541 N. Jefferson St Unit 210

City: Milwaukee

ZIP CODE: 53202

Organization Represented (if any): _____

Email address: yotrcl70@yahoo.com

I wish to speak.

I do not wish to speak.

Done

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RE: Item # 16 - Communication from the Department of Public Works regarding bridge operations.

PLEASE PRINT

Name: Brent Holmes

Address: 7219 W. Greenfield Ave

City: West Allis ZIP CODE: 53214

Organization Represented (if any): McKimley Boat Owners Assoc (McBOAT)

Email address: McBoatmke@aol.com

I wish to speak.

McKimley Boat Owners Assoc

I do not wish to speak.

Done

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RE: Item # 16 - Communication from the Department of Public Works regarding bridge operations.

PLEASE PRINT

Name: TODD TURAWSKI

Address: 7141 S. 47th Pl.

City: FRANKLIN ZIP CODE: 53132

Organization Represented (if any): _____

Email address: Todd.Turawski@gmail.com

I wish to speak.

I do not wish to speak.

Dane

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RE: Item # 16 - Communication from the Department of Public Works regarding bridge operations.

PLEASE PRINT

Name: FLAVIUS CUCCO
FLAVIUS CUCCO

Address: 2370 N Terrace Ave

City: MKE ZIP CODE: 53211

Organization Represented (if any): _____

Email address: flavius@yahoo.com

I wish to speak.

I do not wish to speak.

DONE

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RE: Item # 16 - Communication from the Department of Public Works regarding bridge operations.

PLEASE PRINT

Name: Justin Beams
Justin Beams

Address: 730 E Hadda St

City: Milwaukee ZIP CODE: 53212

Organization Represented (if any): Boat owner

Email address: jabeams@gmail.com

I wish to speak.

I do not wish to speak.

Diane

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RE: Item # 16 - Communication from the Department of Public Works regarding bridge operations.

PLEASE PRINT

Name: Brittany Krupsa Brittany

Address: 1633 N. Prospect Ave #12A

City: Milwaukee ZIP CODE: 53202

Organization Represented (if any): _____

Email address: _____

I wish to speak.

I do not wish to speak.

Done

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RE: Item # 16 - Communication from the Department of Public Works regarding bridge operations.

PLEASE PRINT

Name:

Timothy Larson

Address: 2723 W. STATE ST

City: Milwaukee ZIP CODE: 53208

Organization Represented (if any): Milwaukee Paddle Tavern

Email address: Captain Tim 7716 gmail.com

I wish to speak.

I do not wish to speak.

Dave

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PLEASE PRINT

Name: Daniel Luglio

DANIEL LUGLIO

Address: 2224 S ROBINSON AVE

City: MILWAUKEE

ZIP CODE: 53207

Organization Represented (if any): NONE

Email address: _____

I wish to speak.

I do not wish to speak.

Done

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Name:

Russ DAVES

Address: 2730 N. HUMBOLDT BLVD

City: MILWAUKEE ZIP CODE: 53212

Organization Represented (if any): REVER WALK BOAT TOURS

Email address: R DAVES @ WE . RR . COM

I wish to speak.

I do not wish to speak.

Done

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PLEASE PRINT

Name: Marc Coyle

Address: 1168 N. Bishoff Ct

City: Mequon ZIP CODE: 53092

Organization Represented (if any): _____

Email address: Mcoyle.0417@gmail.com

I wish to speak.

I do not wish to speak.

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April 26, 2018
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RE: Item # 16 - Communication from the Department of Public Works regarding bridge operations.

PLEASE PRINT

Name: Bill Kingston
Address: 205 N. Water St. #103
City: Milwaukee ZIP CODE: 53202
Organization Represented (if any): _____
Email address: _____

I wish to speak.

I do not wish to speak.

Done

16

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RE: Item # 16 - Communication from the Department of Public Works regarding bridge operations.

PLEASE PRINT

Name:

Kelly Condon

Address: 108 W. Wells St

City: Milwaukee

ZIP CODE: 53203

Organization Represented (if any): _____

Email address: Kelly.condon@wilaw.com

I wish to speak.

I do not wish to speak.

Done

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PLEASE PRINT

Name: Claude Krawczyk

Address: 730 N. Plantation # 90

City: Milw WI ZIP CODE: 53203

Organization Represented (if any): Downtown Neighbors Assn

Email address: Claude.krawczyk@wilson.com Riverfront City

I wish to speak.

I do not wish to speak.

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Name: Donald J. Iglinski

Address: 740 W. Plankinton

City: Milw ZIP CODE: 53078

Organization Represented (if any): _____

Email address: _____

I wish to speak.

I do not wish to speak.

Done

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PLEASE PRINT

Name: KAMAL GUPTA

Address: 730 N PLANKINTON AVE #7A

City: MILWAUKEE ZIP CODE: 53203

Organization Represented (if any): _____

Email address: KAMAL.GUPTA001@GMAIL.COM

I wish to speak.

I do not wish to speak.

Done

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PLEASE PRINT

Name:

David Ewald

Address:

730 N Plankinton Ave, 2R

City:

Milwaukee

ZIP CODE:

53203

Organization Represented (if any):

Email address:

dawald@yahoo

I wish to speak.

I do not wish to speak.

Dont

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PLEASE PRINT

Name:

JIM LARSON

Address:

730 N. PLANKINTON #9C

City:

MILW.

ZIP CODE:

53203

Organization Represented (if any):

Email address:

LARSONJ@UWW.EDU

I wish to speak.

I do not wish to speak.