

COMMON COUNCIL / CITY CLERK'S OFFICE
HISTORIC PRESERVATION COMMISSION

Date of Meeting:

Relating to Item (number on agenda) #1

Give brief title of item: NOTHBALL

Name: JOHN KESSELMAN Address: 11019 N TOWNS SQUARE RD

City: MEQUON State WI Zip _____ E-Mail _____

Representing: MODJESKA THEATER

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

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Give brief title of item: NOTHBALL

Name: Tom Varra Address: PO BOX 70087

City: MILW State WI Zip 53207 E-Mail _____

Representing: MODJESKA THEATER

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