COMMON COUNCIL / CITY CLERK'S OFFICE HISTORIC PRESERVATION COMMISSION

En

Date of Meeting:
Relating to Item (number on agenda)
Give brief title of item: ATM REPLACEMENT
Name: CORFG S CHUMACHER Address: 13700 W GREENFIELD AVE
City: BROKFIELD State WI Zip 53005 E-Mail
Representing: OWNER
I AM IN FAVOR OF PROPOSAL AND
I wish to speakI 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 & notified of any further actions.
COMMON COUNCIL / CITY CLERK'S OFFICE HISTORIC PRESERVATION COMMISSION
Data of Mosting:
Date of Meeting:
Relating to Item (number on agenda)
Relating to Item (number on agenda) 18/189 Give brief title of item: ATM PROPOSAL Name: 11/20145 Harri Address: 1037 W. Mirrore St.
Relating to Item (number on agenda)
Relating to Item (number on agenda) 18/189 Give brief title of item: ATM PROPOSAL Name: 11/20145 Harri Address: 1037 W. Mirrore St.
Relating to Item (number on agenda)/8/189 Give brief title of item:
Relating to Item (number on agenda) 18/189 Give brief title of item: ATM PROPOSAL Name: THOMAS HAVE Address: 1039 W. MITCHEL ST. City: Michael State WI Zip 53304 E-Mail THART PMITCHEL BANK Representing: MITCHEL BANK
Relating to Item (number on agenda)
Relating to Item (number on agenda)