



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____ DATE 3/7/18
 SUBJECT/ADDRESS/TOPIC Major Ave/Lake Edge Blvd AGENDA ITEM NO. _____
Proposed assessment

YOUR NAME Robert Gonzalez YOUR ADDRESS 4011 Major Ave
St Lukes Episcopal Church

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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At this meeting are you representing an organization or a person other than yourself? Yes No
requesting 20 yr pay back. Alder person said he would support 20 yr pay back.
 If you answered "no," **STOP**; you need not complete the rest of this form.
 If you answered "yes," **go on to the next questions on the back side of this form.**



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____ DATE 3/7/18
 SUBJECT/ADDRESS/TOPIC Davidson curb/gutter/sidewalk AGENDA ITEM NO. 6

YOUR NAME Jeanie Maunhardt YOUR ADDRESS owner 206 Davidson

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> OPPOSE <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions	<input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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At this meeting are you representing an organization or a person other than yourself? Yes No
 If you answered "no," **STOP**; you need not complete the rest of this form.
 If you answered "yes," **go on to the next questions on the back side of this form.**



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Public works DATE 3-7-18
 SUBJECT/ADDRESS/TOPIC Davidson, Hegg, map, Drexel Lake Edge Blvd AGENDA ITEM NO. 6

YOUR NAME Melanie Luft YOUR ADDRESS 208 Lake Edge Blvd

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input checked="" type="checkbox"/> OPPOSE <i>no park on Lake Edge</i> <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input checked="" type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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At this meeting are you representing an organization or a person other than yourself? Yes No

*If you answered "no," STOP; you need not complete the rest of this form.
 If you answered "yes," go on to the next questions on the back side of this form.*



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE BPW DATE 3-7-18
 SUBJECT/ADDRESS/TOPIC DAVIDSON SA AGENDA ITEM NO. 6

YOUR NAME Laura Levenhagen YOUR ADDRESS 104 Davidson #3

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> <i>Wish to speak</i> (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> OPPOSE <input checked="" type="checkbox"/> <i>Wish to speak</i> (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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At this meeting are you representing an organization or a person other than yourself? Yes No

*If you answered "no," STOP; you need not complete the rest of this form.
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COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE BPW DATE 3/7/18
SUBJECT/ADDRESS/TOPIC Davidson St Reconstruction AGENDA ITEM NO. 6

YOUR NAME DAVID SCHALKHAMER YOUR ADDRESS OWN 202 DAVIDSON ST

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input checked="" type="checkbox"/> OPPOSE <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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At this meeting are you representing an organization or a person other than yourself? Yes No

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If you answered "yes," **go on to the next questions on the back side of this form.**



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____ DATE March 7 - 2018
SUBJECT/ADDRESS/TOPIC DAVIDSON Side walk and driveway AGENDA ITEM NO. 6

YOUR NAME Steve Rysh YOUR ADDRESS 108 Davidson ST

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> OPPOSE <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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At this meeting are you representing an organization or a person other than yourself? Yes No

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COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____ DATE 3/24
 SUBJECT/ADDRESS/TOPIC Davidson project AGENDA ITEM NO. _____

YOUR NAME Jennie Mawmanala YOUR ADDRESS 206 Davidson

Please check the appropriate boxes:

SUPPORT

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

OPPOSE

- sidewalk*
- Wish to speak (3 min. limit)
 - Do not wish to speak
 - Available to answer questions

NEITHER SUPPORT NOR OPPOSE

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

At this meeting are you representing an organization or a person other than yourself? Yes No

If you answered "no," **STOP**; you need not complete the rest of this form.

If you answered "yes," **go on to the next questions on the back side of this form.**



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____ DATE March-21-2018
 SUBJECT/ADDRESS/TOPIC Davidson st AGENDA ITEM NO. 4

YOUR NAME Steve Rusk YOUR ADDRESS _____

Please check the appropriate boxes:

SUPPORT

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

OPPOSE

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

NEITHER SUPPORT NOR OPPOSE

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

At this meeting are you representing an organization or a person other than yourself? Yes No

If you answered "no," **STOP**; you need not complete the rest of this form.

If you answered "yes," **go on to the next questions on the back side of this form.**



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____ DATE 3/21/18
 SUBJECT/ADDRESS/TOPIC DAVIDSON HESB AGENDA ITEM NO. 4

YOUR NAME Michael Olson YOUR ADDRESS 4002 Hess

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input checked="" type="checkbox"/> OPPOSE <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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At this meeting are you representing an organization or a person other than yourself? Yes No

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COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____ DATE 3/21/18
 SUBJECT/ADDRESS/TOPIC _____ AGENDA ITEM NO. 4

YOUR NAME Pamela McGillivray YOUR ADDRESS 407 Davidson St

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input checked="" type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Public works DATE 3/21/08
 SUBJECT/ADDRESS/TOPIC DAVIDSON ST. PARKING AGENDA ITEM NO. 4

YOUR NAME DAVID SCHALLHAUER YOUR ADDRESS 202 Davidson

Please check the appropriate boxes:

<input checked="" type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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