935



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE		DATE Agr 18 2018		
SUBJECT/ADDRESS/TOPIC Winnebago Street Project AGENDA ITEM NO. 4				
SOBSECTIADERICE VOLUME S				
YOUR NAME Fred Fass Please check the appropriate boxes: Support of ton I Wish to speak (3 min. limit)	☐ OPPOSE ☐ Wish to speak (3 min. limit)	NEITHER SUPPORT NOR OPPOSE Wish to speak (3 min. limit) Do not wish to speak		
☐ Do not wish to speak☐ Available to answer questions☐	☐ Do not wish to speak ☐ Available to answer questions	☐ Available to answer questions		
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 / COMMITT	TEE REGISTRATION FO	RM Madison		
COMMISSION/COMMITTEE		DATE Ap 18, 2018		
SUBJECT/ADDRESS/TOPIC Win ne bago Street Project AGENDA ITEM NO. 4				
Please check the appropriate boxes: Support Option I 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	2718 Willowd Aue 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?				

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.**

Madison

COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE BPW	DATE 4/18			
SUBJECT/ADDRESS/TOPIC WINNESAGO	AGENDA ITEM NO.			
YOUR NAME FANT FOSTER YOUR ADDRESS 3930 ANCHUR DR 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? 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 Madison				
COMMISSION/COMMITTEE BOPW DATE 4-18				
SUBJECT/ADDRESS/TOPIC WINNEBAGO REBUILD AGENDA ITEM NO. 4				
YOUR NAME T. R. LOON YOUR ADDRESS 1134 SPAIGHT				
Please check the appropriate boxes:				
SUPPORT OPTION 2 DOPPOSE	☐ NEITHER SUPPORT NOR OPPOSE			
☐ Wish to speak (3 min. limit) ☐ Wish to speak (3 min. limit)	☐ Wish to speak (3 min. limit)			
☐ Do not wish to speak ☐ Do not wish to speak ☐ Available to answer questions ☐ Available to answer questions	☐ 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 Board of Publichorks DATE 4/18/18				
SUBJECT/ADDRESS/TOPIC 50935 AGENDA ITEM NO. 4				
YOUR NAME Steve Cairns YOUR ADDRESS 2134 Winnelogo St. Please check the appropriate boxes:				
SUPPORT Option OPPOSE NEITHER SUPPORT NOR OPPOSE				
☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions ☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions ☐ Available to answer questions ☐ Available to answer questions				
At this meeting are you representing an organization or a person other than yourself? 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 Madison				
COMMISSION / COMMITTEE REGISTRATION FORM Madison				
COMMISSION / COMMITTEE REGISTRATION FORM COMMISSION/COMMITTEE DATE				
COMMISSION/COMMITTEE DATE SUBJECT/ADDRESS/TOPIC WINARY AGENDA ITEM NO				
COMMISSION/COMMITTEE DATE SUBJECT/ADDRESS/TOPIC WINNESS 2121 Winness 2121 Winness 3th				
COMMISSION/COMMITTEE DATE SUBJECT/ADDRESS/TOPIC WINARY AGENDA ITEM NO				

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

At this meeting are you representing an organization or a person other than yourself?

☐ Yes ☐ No

Madison

COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Board of Public Works DATE 4/18/18				
SUBJECT/ADDRESS/TOPIC Winnebago St. Reconstruction AGENDA ITEM NO. 4				
YOUR NAME Cutherine R Cerius Your ADDRESS 2134 Winnesage				
Please check the appropriate boxes:				
SUPPORT OPTION 1	OPPOSE	☐ NEITHER SUPPORT NOR OPPOSE		
☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions	☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions	☐ 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? 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 Madison				
COMMISSION/COMMITTEE BOARD of Public WOOKS DATE 4-18-18 SUBJECT/ADDRESS/TOPIC WINNED BOST RECONSTRUCTION AGENDA ITEM NO. #4				
YOUR NAME MICHAEL MATHEJON YOUR ADDRESS 2105 WINNEBAGO 5T Please check the appropriate boxes:				
SUPPORT OPTION#1	POPPOSE OF TION #2	☐ NEITHER SUPPORT NOR OPPOSE		
Wish to speak (3 min. limit) Do not wish to speak Available to answer questions	☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions	☐ Wish to speak <i>(3 min. limit)</i> ☐ Do not wish to speak☐ Available to answer questions		

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

At this meeting are you representing an organization or a person other than yourself?

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





COMMISSION / COMMITTEE REGISTRATION FORM

	DOLLADIC MOLLO	DATE 4-18-18		
SUBJECT/ADDRESS/TOPIC WIGNE BUGG ST RELENTTY VICTOR AGENDA ITEM NO. #4				
	Constitution of the second			
YOUR NAME Kristin Arstin YOUR ADDRESS 2105 WINNE REGO ST Please check the appropriate boxes:				
SUPPORT OPTION TO	DOPPOSE OFTON \$2	☐ NEITHER SUPPORT NOR OPPOSE		
☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions	☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions	☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions		

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

At this meeting are you representing an organization or a person other than yourself?

☐ Yes



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