

Date: 12 Apr '17

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. H. 1

Name Michael S. GOODMAN  
Address Maple Wood Ln  
Madison WI 53704

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items ..... 3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Support changed to routes

Name, address and telephone number of each person or organization you are representing:

N/A

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  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 question.)

(SEE BACK)

Date: 4/12/17 ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Agenda No. \_\_\_\_\_

Name Alder Harrington-McKinney

Address \_\_\_\_\_

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items ..... 3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Notification of Alder  
Route 55  
56

Name, address and telephone number of each person or organization you are representing:

\_\_\_\_\_  
 \_\_\_\_\_

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  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 question.)

(SEE BACK)

Date: 4/12/07 ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Agenda No. \_\_\_\_\_

Name Derwin K Leigh  
Address E Main Street  
Madison WI 53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items ..... 3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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Name, address and telephone number of each person or organization you are representing:

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\_\_\_\_\_

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  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 question.)

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Date: 4/12/16

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Agenda No. \_\_\_\_\_

Name Kevin Davidson  
Address Bartels St.  
Monona, WI 53716

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose
- and  Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing ..... 3 minutes  
 Other Items ..... 3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Representing SP: Global  
Route 35 would see immediate use, and provide much  
needed transit support to our 200+ and growing population

Name, address and telephone number of each person or organization you are representing:

SP: Global  
4230 Argosy Ct  
Madison, WI 53714

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  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 question.)

(SEE BACK)

Date: 4/12/17

CITY OF MADISON

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PLEASE PRINT CLEARLY

Agenda No. \_\_\_\_\_

Name JONATHAN MERTZIG  
Address ODANA RD  
MADISON, WI 53711

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and  Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing ..... 3 minutes  
 Other Items ..... 3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Supporting SS proposal on behalf of Epic Transit Improvement Council  
Individually supporting addition of stop @ Whitney + Odana for several routes and  
simplification of 72 + 73 in Middleton

Name, address and telephone number of each person or organization you are representing:

EPIC TRANSIT IMPROVEMENT COUNCIL (EMPLOYEE GROUP)

C/O EPIC SYSTEMS - JONATHAN MERTZIG, ZACH JOHNSON, JOHN GRAHAM

1979 MILKY WAY, VERONA, WI 53593 271-9000

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  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 question.)

(SEE BACK)

Date: 4-12-17

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Agenda No. \_\_\_\_\_

Name JOSEPH R. JILKA  
Address STONECREEK DR  
MADISON, WI 53717

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items ..... 3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

PROPOSE ANOTHER ROUTE FOR 56 + 57 SOUTH OF MCKEE ROAD.

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Name, address and telephone number of each person or organization you are representing:

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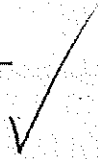
Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  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 question.)

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Date: 4/12/2017



CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Agenda No. \_\_\_\_\_

Name Sara White  
Address 16 Wilson St.  
Madison, WI 53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items ..... 3 minutes

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):


Name, address and telephone number of each person or organization you are representing:

\_\_\_\_\_

\_\_\_\_\_

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  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 question.)

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Date: 3-12-2017

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Agenda No. \_\_\_\_\_

Name Bruce Allen

Address Raymond Rd

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing ..... 3 minutes  
 Other Items ..... 3 minutes

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COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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Name, address and telephone number of each person or organization you are representing:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No

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