

Date: 2/3/2016

CITY OF MADISON

Registration Statement - _____
COMMITTEE

Please Print

Jennifer Street Project
Agenda No. 5

PLEASE PRINT CLEARLY

Name Martina Hobi
Address 1219 Spaight Street
53703 Madison

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - 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," provide the name of who you represent and go on to the next question.)

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.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

Date: 2/3/2016

CITY OF MADISON

Registration Statement - _____
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>5</u> <u>JEWELER STREET PROJECT</u>
--

Name Michael Stampfli

Address 1219 Spaight Street
53703 Madison

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- 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," provide the name of who you represent and go on to the next question.)

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.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
 Information Hearing..... 3 minutes
 Other Items..... 3 minutes

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Date: 2/3/16

CITY OF MADISON

Registration Statement - BPW
COMMITTEE

Please Print

Agenda No. 5 (Jenifer St Recon.)

PLEASE PRINT CLEARLY

Name Larry Jensen
Address 1618 Jenifer St
Madison WI 53704-5522

Please check the appropriate boxes:

- Support *I support changes recommended and*
- Oppose *by MVA for traffic calming,*
- Neither Support Nor Oppose *maintaining tree canopy & undergrounding high voltage wires.*
- Wish to speak
- 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," provide the name of who you represent and go on to the next question.)

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.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

Date: Feb 3, 16

CITY OF MADISON

Registration Statement - BPW
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 41518

Name John Coleman
Address 413 S. Dickerson
53703

Please check the appropriate boxes:

- Support
- Oppose certain aspects of plan
- Neither Support Nor Oppose

- and
- Wish to speak
 - 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," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:
Marquette Neighborhood Assoc. (MNA) ^{street-tree} Committee
Wilmar Center, Jennifer St. 256-8164

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.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

Date: 2/3/16

CITY OF MADISON

Registration Statement - BPW
COMMITTEE

Please Print

Agenda No. #5
JEWEL ST RECON

PLEASE PRINT CLEARLY

Name NICK SCHROEDER

Address 854 JEWELL ST

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - 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," provide the name of who you represent and go on to the next question.)

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.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

Date: 2/3/14

CITY OF MADISON

Registration Statement - Board of Public Works
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 5 *Jenifer St Reconstruction*
Register #
41518

Name Leslie Schroeder
Address 854 Jenifer St
Madison

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - 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," provide the name of who you represent and go on to the next question.)

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.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

Date: 3 Feb 2016

CITY OF MADISON

Registration Statement -

Board of Public Works
COMMITTEE

Please Print

Agenda No. 5
41518

PLEASE PRINT CLEARLY

Name Anne Walker
Address 1709 Winnebago St
Madison

Please check the appropriate boxes:

- Support
 - Oppose *w/o changes per MNA recommendations*
 - Neither Support Nor Oppose
- and
- Wish to speak
 - 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," provide the name of who you represent and go on to the next question.)

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

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.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing 3 minutes
Other Items 3 minutes

(SEE BACK)

Date: 2-3-16

CITY OF MADISON BPW

Registration Statement - Board of Estimates
COMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name Mike Engel
Address 826 Senifer 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

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 who you represent and go on to the next question.)

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.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

3:30

(SEE BACK)

Date: 2/3/2016

CITY OF MADISON

Registration Statement -

BOARD of Public Works
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 5
41514

Name Audrey Lesondak
Address 1219 Spaight 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

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 who you represent and go on to the next question.)

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.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

Date: 2/3/16

CITY OF MADISON

Registration Statement - Bo of Pub Works
COMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name GARY TIPLER

Address 807 JENIFER ST

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - 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," provide the name of who you represent and go on to the next question.)

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.)

Speaking Limits:

Public Hearing (Common Council)	5 minutes
Information Hearing.....	3 minutes
Other Items.....	3 minutes

*Bus stop - tunnel of traffic backing from time to time
to Dennis Hande comment*

(SEE BACK)

Date: 2/3/14

CITY OF MADISON

Registration Statement - _____
COMMITTEE

Please Print

Agenda No. MS

PLEASE PRINT CLEARLY

Name DENNIS CHANDLER

Address 1044 JEMIFER

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - 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," provide the name of who you represent and go on to the next question.)

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.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

Date: 2.3.16

CITY OF MADISON

Registration Statement - BPW
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 5

Name Alder Marsha Rummel
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

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 who you represent and go on to the next question.)

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.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)