

17685
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51504

Madison

COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Board of Public Works DATE 5/16/18
SUBJECT/ADDRESS/TOPIC Lighting for Johnson St AGENDA ITEM NO. 1

YOUR NAME Jessi Mulwa YOUR ADDRESS 1425 E Johnson St

Please check the appropriate boxes:

<input checked="" 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 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

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.

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COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE E. Johnson St assessment DATE 5/16
SUBJECT/ADDRESS/TOPIC Board of Public Works AGENDA ITEM NO. ?

YOUR NAME Irene Kilcoyne YOUR ADDRESS 1343 E. Johnson 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 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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