

03790
05848
50935
52086



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____ DATE Apr 18, 2018

SUBJECT/ADDRESS/TOPIC Winnebago Street Project AGENDA ITEM NO. 4

YOUR NAME Fred Fass YOUR ADDRESS 2718 Willard Ave

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

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 Apr 18, 2018

SUBJECT/ADDRESS/TOPIC Winnebago Street Project AGENDA ITEM NO. 4

YOUR NAME Marie Jacobson YOUR ADDRESS 2718 Willard Ave

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

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

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COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE BPW DATE 4/18
 SUBJECT/ADDRESS/TOPIC WINNEBAGO AGENDA ITEM NO. 4

YOUR NAME GRANT FOSTER YOUR ADDRESS 3930 ANCHOR DR

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 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 checked="" type="checkbox"/> Available to answer questions
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COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE BoPW DATE 4-18-18
 SUBJECT/ADDRESS/TOPIC WINNEBAGO REBUILD AGENDA ITEM NO. 4

YOUR NAME P.R. LOON YOUR ADDRESS 1134 SPAIGHT

Please check the appropriate boxes:

<input checked="" type="checkbox"/> SUPPORT <u>OPTION 2</u> <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"/> 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

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COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Board of Public Works DATE 4/18/18
 SUBJECT/ADDRESS/TOPIC 50935 AGENDA ITEM NO. 4

YOUR NAME Steve Cairns YOUR ADDRESS 2134 Winnebago St

Please check the appropriate boxes:

<input checked="" type="checkbox"/> SUPPORT <u>Option 1</u> <input 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"/> 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

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COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____ DATE _____
 SUBJECT/ADDRESS/TOPIC Winnebago AGENDA ITEM NO. _____

YOUR NAME Edward Zypala YOUR ADDRESS 21 21 Winnebago 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 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 Board of Public Works DATE 4/18/18
 SUBJECT/ADDRESS/TOPIC Winnebago St. Reconstruction AGENDA ITEM NO. 4

YOUR NAME Catherine R Ceiras YOUR ADDRESS 2134 Winnebago

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <u>OPTION 1</u> <input 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"/> 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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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 MICHAEL MATHEJON YOUR ADDRESS 2105 WINNEBAGO ST

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <u>OPTION #1</u> <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 checked="" type="checkbox"/> OPPOSE <u>OPTION #2</u> <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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COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE	<u>BOARD of PUBLIC WORKS</u>	DATE	<u>4-18-18</u>
SUBJECT/ADDRESS/TOPIC	<u>Winnebago ST Reconstruction</u>	AGENDA ITEM NO.	<u># 4</u>

YOUR NAME	<u>Kristin Austin</u>	YOUR ADDRESS	<u>2105 Winnebago ST</u>
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Please check the appropriate boxes:

<input checked="" type="checkbox"/> SUPPORT <u>OPTION #1</u> <input type="checkbox"/> Wish to speak (3 min. limit) <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input checked="" type="checkbox"/> OPPOSE <u>OPTION #2</u> <input type="checkbox"/> Wish to speak (3 min. limit) <input checked="" 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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