



## COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Engineering DATE \_\_\_\_\_SUBJECT/ADDRESS/TOPIC Interim Small Cell Design AGENDA ITEM NO. \_\_\_\_\_YOUR NAME Ahya Ismail YOUR ADDRESS 1500 Sunrise Ln, Belleville WI

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? ☐ 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 7/31SUBJECT/ADDRESS/TOPIC Cell Towers AGENDA ITEM NO. 7YOUR NAME Ann Helmer YOUR ADDRESS \_\_\_\_\_

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

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## COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE \_\_\_\_\_ DATE \_\_\_\_\_  
SUBJECT/ADDRESS/TOPIC \_\_\_\_\_ AGENDA ITEM NO. \_\_\_\_\_

YOUR NAME Sarah Conyle YOUR ADDRESS 4005 Maher Ave

Please check the appropriate boxes:

☐ SUPPORT

- ☐ Wish to speak (3 min. limit)  
☐ Do not wish to speak  
☐ Available to answer questions

☒ OPPOSE

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## COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE \_\_\_\_\_ DATE 7/31/19  
SUBJECT/ADDRESS/TOPIC cell towers AGENDA ITEM NO. \_\_\_\_\_

YOUR NAME Liza White YOUR ADDRESS 610 Junction Rd

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

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# COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Board of Public Works

DATE 7/31/19

SUBJECT/ADDRESS/TOPIC 46/56 Densification / small cell AGENDA ITEM NO. 7

YOUR NAME Jennifer Reinfeld

YOUR ADDRESS 5089 Irish Ln.

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

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# COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE \_\_\_\_\_

DATE 7/31

SUBJECT/ADDRESS/TOPIC Cell Towers

AGENDA ITEM NO. 7

YOUR NAME Peter Hoppmann

YOUR ADDRESS 3102 Lakeland

Please check the appropriate boxes:

☐ SUPPORT

- ☐ Wish to speak (3 min. limit)
- ☐ Do not wish to speak
- ☐ Available to answer questions

☒ OPPOSE

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