



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Engineering DATE _____

SUBJECT/ADDRESS/TOPIC Interim Small Cell Design AGENDA ITEM NO. _____

YOUR NAME Atiya Ismail YOUR ADDRESS 1500 Sunrise Ln, Belenille 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 7/31

SUBJECT/ADDRESS/TOPIC Cell Towers AGENDA ITEM NO. 7

YOUR 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

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 _____

SUBJECT/ADDRESS/TOPIC _____ AGENDA ITEM NO. _____

YOUR NAME Sarah Conley YOUR ADDRESS 4005 Maher Lane

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

NO SG 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 7/31/19

SUBJECT/ADDRESS/TOPIC Cell Drivers AGENDA ITEM NO. _____

YOUR NAME Liza Abite YOUR ADDRESS 1010 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

- 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 Board of Public Works DATE 7/31/19

SUBJECT/ADDRESS/TOPIC 4G/5G Densification / small cells 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

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 Cell Towers 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

- 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.