

April 24 2018

Date: \_\_\_\_\_

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Robert Thomas

Address 949 E Johnson  
Madison WI 53703

Agenda No. H4 51078

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

I was recently in a bike accident + very concerned about bike safety.

Partner + I commute to work by bike all year round.

Speeding's problem on miffin

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

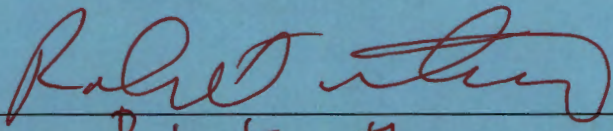
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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(Please go to the City Clerk's website [www.cityofmadison.com/clerk/index.html](http://www.cityofmadison.com/clerk/index.html) or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date April 24 2019

Signature   
Print Name Robert Thomas

Date: \_\_\_\_\_

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

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PLEASE PRINT CLEARLY

Agenda No. H 4

Name TERRENCE WALL  
Address 57 Cambridge Rd  
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

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):


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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 4/24/18

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. H4 51078

Name Marlisa Cardon  
Address 529 Clemens Ave

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

[Empty box for comments]

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

[Empty lines for name, address, and telephone number]

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

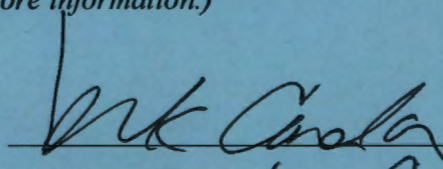
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Date 4/24/13

Signature   
Print Name Marliisa Cardon

Date: \_\_\_\_\_

**CITY OF MADISON**

**Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission**

*You must register before the Commission considers your item.*

**PLEASE PRINT CLEARLY**

Agenda No. <u>H 4</u>
-----------------------

Name FRED MOHS  
 Address 512 WILSONSON RD  
WISCONSIN

Please check the appropriate boxes:

- Support  
 **Oppose**  
 Neither Support Nor Oppose

- and  Wish to speak  
 Do not wish to speak  
 Available to answer questions

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)*

**COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):**


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.)*

**(SEE BACK)**

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: 4.24.2018

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 51078  
H4

Name Jonny Hunter  
Address 1105 E. Johnson

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

[Empty comment box with multiple horizontal lines]

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

[Empty lines for name, address, and telephone number]

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

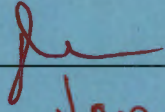
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Date 4.24.2018

Signature   
Print Name Jonny Hunter

Date: \_\_\_\_\_

**CITY OF MADISON**

**Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission**

*You must register before the Commission considers your item.*

PLEASE PRINT CLEARLY

Agenda No.   H4  

Name   CLIFF FISLER    
Address   107 W Hancock  

*W. Hancock*

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)*

**COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):**


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.)*

**(SEE BACK)**

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

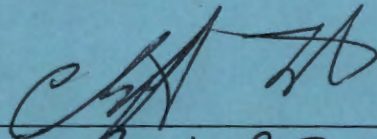
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Date 4 24 18

Signature   
Print Name Cliff Fish

Date: 4/24/18

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Patrick Heck  
Address 123 N Blount St Apt 303  
Madison 53703

Agenda No. H.4  
51078

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and  Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items..... 3 minutes

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):


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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 4/24/18

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. H-4

Name Prudencia Montes  
Address 110 N. Hancock  
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

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Empty box for comments related to the agenda item.

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

Empty lines for name, address, and telephone number.

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 4-24-18 Signature *Prudencia Montes*  
Print Name Prudencia Montes



Date: 4/24/19

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. H.4.

Name Lupe Montes  
Address 108 N. Hancock  
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

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):


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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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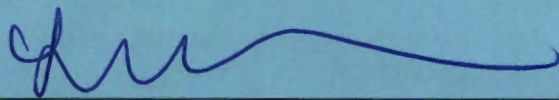
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Date 4/24/18

Signature 

Print Name LUPE MONTES

Date: 29 April

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

*You must register before the Commission considers your item.*

PLEASE PRINT CLEARLY

Agenda No. 47

Name Anne Walker  
Address 1709 Winnebago

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)*

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

[Empty box for comments]

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

[Empty lines for name, address, and telephone number]

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.)*

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 4/24/2018

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. H.4.

Name BRIAN J TYDRICH  
Address 109 N HANCOCK 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

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Empty box for comments related to the item on the agenda.

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

Empty lines for name, address and telephone number of each person or organization represented.

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

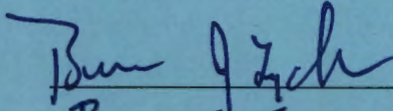
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Date 4/24/2016

Signature   
Print Name BRIAN J. TYDRICH

Date: 4/24/18

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 51078  
#4

Name Daniel Smith  
Address 915 Jennifer 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

Speaking Limits: Public Hearing..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items..... 3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

[Empty box for comments]

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

[Empty lines for name, address, and telephone number]

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

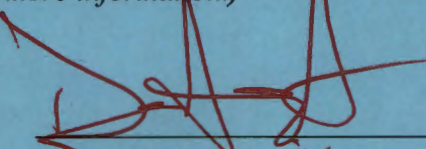
*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

*(Please go to the City Clerk's website [www.cityofmadison.com/clerk/index.html](http://www.cityofmadison.com/clerk/index.html) or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date 04/24/18

Signature   
Print Name Daniel Smith



Date: 4/24/18

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

H.4  
Agenda No. 51078

Name Jean Fisher  
Address 107 N. Hancock 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

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

What will happen to the street parking right behind where the barrier is?

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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Date 4/24/18

Signature Jean M. Fisher

Print Name Jean M. Fisher

Date: 4/24/2018

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. H.4

Name Jim Wilson  
Address 415 W. Wilson 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

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

A significant misinformation campaign surrounds this project. Keep this in mind when making your decision. (See: Sean Kennedy. "Road block." The Isthmus, Dec. 3, 2017) The campaign involves spreading false and misleading information designed to generate public opposition to the project.

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 4-24-18

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. H4

Name Matt Brink  
Address 1701 Tierney Dr  
Waukesha, WI 53597

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Letter Submitted

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

Smart Growth  
701 E. Washington Ave #107, Madison, WI 53703  
102658-7431

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

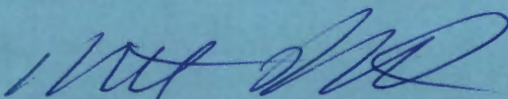
*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

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Date 4-24-18

Signature 

Print Name Matt Brink

Date: 4/24/18

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Kate Knudson

Address 949 E. Johnson

Agenda No. H.4. 51078

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and  Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

I am a near year round bike commuter and the bike boulevard on Mittlin has been part of my daily commute for 6 years. With increased car traffic I've been worried for my safety & the safety of other commuters many times. The test installation of the diverter cut down on automobile speed & protected the safety of everyone in the neighborhood. Please make it permanent!

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

N/A

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 4/24/18

Signature



Print Name

Kate Knudson