

Date: 3-27-2018

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. <u>F.3.</u> F.5 <u>Winnabago</u>

Name T.R. Loon

Address 1134 SPAGHT ST
MADISON 53703

Please check the appropriate boxes:

- Support OPTION #2
- 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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(Please go to the City Clerk's website 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 _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

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PLEASE PRINT CLEARLY

Name Fred Fuss

Address 2102 Linden Av

Agenda No. 30935

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):

Option I How is the 20" grade differential going to be addressed will we loose our retaining walls and stairways on Linden & Winnobago sidewalk lowered?

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: March 27, 2018

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

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PLEASE PRINT CLEARLY

Agenda No. Winnebago
50935

Name Marie Jacobson
Address 2718 Willard Ave
Madison, WI
53704

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):

Opposed to option 2, 2:3
of agenda # 50935

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

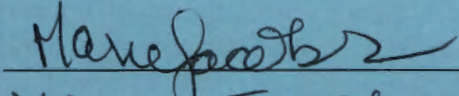
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

(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 March 27, 2018 Signature 
Print Name Marie Jacobson

Date: 3-27-18

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

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PLEASE PRINT CLEARLY

Agenda No. WINNEBAGO RECON.
50935

Name KRISTIN AUSTIN
Address 2105 WINNEBAGO ST.

Please check the appropriate boxes:

- Support
- Oppose OTHER THAN PLAN 1
- 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 OPPOSE ANY PLAN OTHER THAN PLAN 1
TAKING AWAY PARKING THAT IS ALREADY SPRESSED
IS TERRIBLE - THERE IS A BIKE BOULEVARD AND A BIKE
PATH 1 BLOCK IN EACH DIRECTION AND BIKE PATHS
ON WINNEBAGO ST.

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

KRISTIN AUSTIN
2105 WINNEBAGO ST.

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

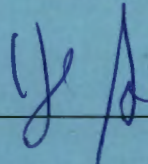
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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Date 3-27-18

Signature 
Print Name Koush N Austin

Date: 3/27/18

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Isabella Matheson

Address 2105 Winnebago St.

Agenda No. 50935

Please check the appropriate boxes:

- Support - plan 1
- 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):

Plan 1

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

Isabella Matheson, 2105 Winnebago St., 243-1418

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

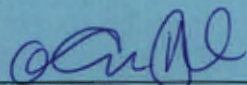
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Date 3/27/18

Signature 

Print Name Isabella Matheson

Date: 3-27-18

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

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PLEASE PRINT CLEARLY

Agenda No. 50935

Name MICHAEL MATTHESON
Address 2105 WINNERAHO ST.
MADISON

Please check the appropriate boxes:

- Support
- Oppose OTHER THAN PLAN 1
- 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):

PLAN 1 NO OTHER

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 3-27-18

Signature _____

Print Name MICHAEL MATHESON

Date: 3/27/2018

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

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PLEASE PRINT CLEARLY

Agenda No. F.O.S F.3.

Name James Wilson
Address 415 W Wilson St
Madison, WI

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 lines 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

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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 3-27-2018

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 50532

Name Jonathan Gopen
Address 2203 Regent St #3
Madison, WI 53726

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):

Option #2

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: 3/27/18

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

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PLEASE PRINT CLEARLY

Agenda No. _____

Name Derek L. Tyus
Address 2128 Winnebago St
Madison 53704

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

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(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):

option #1

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: 03.27.18

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

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PLEASE PRINT CLEARLY

Agenda No. _____

Name JUSTIN FRAMM

Address 161 HORIZON DR. SUITE 101
VERONA, WI 53593

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
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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:

VSD PROFESSIONAL SERVICES INC.
161 HORIZON DR. SUITE 101
VERONA, WI 53593

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

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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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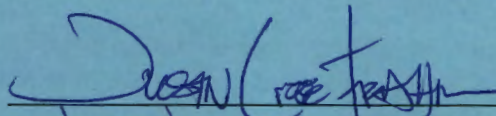
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Date 03.27.10

Signature



Print Name

JUSTIN LEE FRAHM