



# COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE BAW DATE 5/17  
 SUBJECT/ADDRESS/TOPIC Wilson St. AGENDA ITEM NO. \_\_\_\_\_

YOUR NAME Grant Foster YOUR ADDRESS 3930 Anchor Dr

Please check the appropriate boxes:

<input type="checkbox"/> <b>SUPPORT</b> <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 checked="" type="checkbox"/> <b>OPPOSE</b> <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 type="checkbox"/> <b>NEITHER SUPPORT NOR OPPOSE</b> <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

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 MAY 17th, 2017  
 SUBJECT/ADDRESS/TOPIC WILSON ST - 46640 AGENDA ITEM NO. 46640

YOUR NAME RYAN CORBIN YOUR ADDRESS 3409 DAWES ST APT B, MADISON

Please check the appropriate boxes:

<input type="checkbox"/> <b>SUPPORT</b> <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 checked="" type="checkbox"/> <b>OPPOSE</b> <input type="checkbox"/> Wish to speak (3 min. limit) <input checked="" type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions	<input type="checkbox"/> <b>NEITHER SUPPORT NOR OPPOSE</b> <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 BPW DATE 5/17/17  
 SUBJECT/ADDRESS/TOPIC W Wilson St AGENDA ITEM NO. \_\_\_\_\_

YOUR NAME Alder Rebecca Kumble YOUR ADDRESS Art School Rd

Please check the appropriate boxes:

<input type="checkbox"/> <b>SUPPORT</b> <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 checked="" type="checkbox"/> <b>OPPOSE</b> <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"/> <b>NEITHER SUPPORT NOR OPPOSE</b> <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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~~Asked to Remain at~~



# COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE BRW DATE 5/17/17  
 SUBJECT/ADDRESS/TOPIC Wilson / Henry AGENDA ITEM NO. 17

YOUR NAME Michael Rowley YOUR ADDRESS 5522 Comanche Way

Please check the appropriate boxes:

<input checked="" type="checkbox"/> <b>SUPPORT</b> <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 type="checkbox"/> <b>OPPOSE</b> <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"/> <b>NEITHER SUPPORT NOR OPPOSE</b> <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 5/17/17  
 SUBJECT/ADDRESS/TOPIC West Wilson Reconstruction AGENDA ITEM NO. 17

YOUR NAME Harald Kliems YOUR ADDRESS 6 N Allen St

Please check the appropriate boxes:

<input type="checkbox"/> <b>SUPPORT</b>  <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 checked="" type="checkbox"/> <b>OPPOSE</b>  <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 type="checkbox"/> <b>NEITHER SUPPORT NOR OPPOSE</b>  <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 BPW DATE 5-17-17  
 SUBJECT/ADDRESS/TOPIC W. Wilson rebuild AGENDA ITEM NO. 17

YOUR NAME Robbie Webber YOUR ADDRESS 2613 Stevens St

Please check the appropriate boxes:

<input type="checkbox"/> <b>SUPPORT</b>  <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 checked="" type="checkbox"/> <b>OPPOSE</b>  <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 type="checkbox"/> <b>NEITHER SUPPORT NOR OPPOSE</b>  <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 _____	DATE <u>5-17</u>
SUBJECT/ADDRESS/TOPIC _____	AGENDA ITEM NO. <u>8</u>

YOUR NAME Greg Frank YOUR ADDRESS 5 Wallingford Cir

Please check the appropriate boxes:

<input type="checkbox"/> <b>SUPPORT</b> <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 checked="" type="checkbox"/> <b>OPPOSE</b> <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 type="checkbox"/> <b>NEITHER SUPPORT NOR OPPOSE</b> <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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*Food Fight - Own*