

COMMISSION/COMMITTEE BA		DATE 5 17		
SUBJECT/ADDRESS/TOPIC WILSON ST.		AGENDA ITEM NO		
YOUR NAME LAST FOSTE	YOUR ADDRESS	3930 Anchor Dr		
Please check the appropriate boxes:		·		
SUPPORT	POPPOSE	☐ NEITHER SUPPORT NOR OPPOSE		
☐ Wish to speak <i>(3 min. limit)</i> ☐ Do not wish to speak☐ Available to answer questions	Wish to speak <i>(3 min. limit)</i> ☐ Do not wish to speak ☐ Available to answer questions	☐ Wish to speak <i>(3 min. limit)</i> ☐ Do not wish to speak☐ Available to answer questions		
At this meeting are you representing an organization or a person other than yourself?   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 / COMMIT	TEE REGISTRATION FO	ORM Madison		
COMMISSION/COMMITTEE BOAR	D OF PUBLIC WORKS	DATE_MAY 17th, 2017		
SUBJECT/ADDRESS/TOPIC WILSON 5T - 46640 AGENDA ITEM NO. 46640				
YOUR NAME RYAN CORBIN YOUR ADDRESS 3409 NAWES ST AFT B, MADISON				
Please check the appropriate boxes:		1		
☐ SUPPORT	🖾 OPPOSE	☐ NEITHER SUPPORT NOR OPPOSE		
☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions	☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions	☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions		
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If you answered "yes," go on to the next questions on the back side of this form.

31174  Madison			
DATE \$ 17/17			
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PORT NOR OPPOSE  ( (3 min. limit)  o speak  nswer questions			
□ Yes □ No			
Madison  ATE_S/19/17			
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commission/committee B	W	DATE 5/17/17		
SUBJECT/ADDRESS/TOPIC	Wilson St	AGENDA ITEM NO		
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YOUR NAME Alder Pelsece	a Kewble your address	AUT-School Pd		
Please check the appropriate boxes:	•			
SUPPORT	D OPPOSE	☐ NEITHER SUPPORT NOR OPPOSE		
☐ Wish to speak <i>(3 min. limit)</i> ☐ Do not wish to speak☐ Available to answer questions	₩ Wish to speak <i>(3 min. limit)</i> ☐ Do not wish to speak ☐ Available to answer questions	☐ Wish to speak <i>(3 min. limit)</i> ☐ Do not wish to speak☐ Available to answer questions		
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COMMISSION / COMMIT	TEE REGISTRATION FO	PRM Madison		
COMMISSION/COMMITTEE	QL)	DATE_5/17/17		
SUBJECT/ADDRESS/TOPIC	iken/Henin	AGENDA ITEM NO. //		
YOUR NAME MULLE REWELL YOUR ADDRESS 1522 Communiche (1)				
	OPPOSE '	☐ NEITHER SUPPORT NOR OPPOSE		
✓ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions	☐ Wish to speak <i>(3 min. limit)</i> ☐ Do not wish to speak☐ Available to answer questions	☐ Wish to speak <i>(3 min. limit)</i> ☐ Do not wish to speak☐ Available to answer questions		
At this meeting are you representir	ng an organization or a person othe	er than yourself? □ Yes □ No		

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commission/committee Board		DATE 5/17/17		
SUBJECT/ADDRESS/TOPIC Wes	Wilson Reconstruction	AGENDA ITEM NO. ( )		
YOUR NAME Harald Kliems	YOUR ADDRESS	S GN Alley St		
Please check the appropriate boxes:				
SUPPORT	☑ OPPOSE	☐ NEITHER SUPPORT NOR OPPOSE		
☐ Wish to speak <i>(3 min. limit)</i> ☐ Do not wish to speak☐ Available to answer questions	☑ Wish to speak <i>(3 min. limit)</i> ☐ Do not wish to speak ☐ Available to answer questions	☐ Wish to speak <i>(3 min. limit)</i> ☐ Do not wish to speak☐ Available to answer questions		
At this meeting are you representing an organization or a person other than yourself?				
COMMISSION / COMMIT	TEE REGISTRATION FO	DRM Madison		
COMMISSION/COMMITTEE B	)W	DATE_5-/7-/7		
SUBJECT/ADDRESS/TOPIC W. WILSON rebuild AGENDA ITEM NO. />				
YOUR NAME Robbie Wook  Please check the appropriate boxes:  SUPPORT  Wish to speak (3 min. limit) Do not wish to speak Available to answer questions	YOUR ADDRESS  YOUR ADDRESS  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 representir	ng an organization or a person oth	ner than yourself?		

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COMMISSION/COMMITTEE		DATE 5-17		
SUBJECT/ADDRESS/TOPIC	AGENDA ITEM NO.			
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YOUR NAME Greg Frank YOUR ADDRESS 5 Walling Ford Green Please check the appropriate boxes:				
☐ SUPPORT	<b>⊠</b> Poppose	☐ NEITHER SUPPORT NOR OPPOSE		
☐ Wish to speak <i>(3 min. limit)</i> ☐ Do not wish to speak☐ Available to answer questions	<ul><li>Wish to speak (3 min. limit)</li><li>□ Do not wish to speak</li><li>□ Available to answer questions</li></ul>	☐ Wish to speak <i>(3 min. limit)</i> ☐ Do not wish to speak☐ Available to answer questions		
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