



# COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE BPW DATE 5/2/18  
 SUBJECT/ADDRESS/TOPIC Westview Hills Subd. AGENDA ITEM NO. 4

YOUR NAME Farhan Khatri YOUR ADDRESS 8433 PRAIRIE HILL 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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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.**

~~21641~~  
~~46639~~  
  
 Madison

# COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Board of Public works DATE 5-2-18  
 SUBJECT/ADDRESS/TOPIC Westview Hills Subdivision Sewer and water Main Extension AGENDA ITEM NO. \_\_\_\_\_

YOUR NAME Justin Diehl YOUR ADDRESS 8410 Prairie Hill 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 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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# COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE BPW DATE 5/2018  
 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_ AGENDA ITEM NO. 4

YOUR NAME Terry Flock YOUR ADDRESS 8426 Prairie Hill Rd

Please check the appropriate boxes:

<input 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 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 Public Works DATE 5/2/18  
 SUBJECT/ADDRESS/TOPIC Westview Hills Water & Sewer AGENDA ITEM NO. \_\_\_\_\_

YOUR NAME Theo Poole YOUR ADDRESS 8402 Prairie Hill 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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# COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE \_\_\_\_\_ DATE 05/08/2018  
 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_ AGENDA ITEM NO. 4

YOUR NAME MOHAMMED HASHM-WARIS YOUR ADDRESS 17 PRAIRIE HILL CT

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 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 5-2-18  
 SUBJECT/ADDRESS/TOPIC West View Hills AGENDA ITEM NO. \_\_\_\_\_

YOUR NAME Casey May YOUR ADDRESS 18 prairie hill ct

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 checked="" type="checkbox"/> <b>NEITHER SUPPORT NOR 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
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# COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE \_\_\_\_\_ DATE 05/02/2018  
 SUBJECT/ADDRESS/TOPIC \_\_\_\_\_ AGENDA ITEM NO. 4

YOUR NAME MOHAMMED HASHIM-WARIS YOUR ADDRESS 21 PRAIRIE HILL CT

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 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 5/2/18  
 SUBJECT/ADDRESS/TOPIC Westview Hills AGENDA ITEM NO. #4

YOUR NAME Natalya Kudova YOUR ADDRESS 2322 Quail Run  
1001 S. View 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 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 checked="" 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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