

Date: 02/10/16

CITY OF MADISON

Registration Statement – Transit and Parking Commission



You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Julie Spears
Address 307 S. Few St.
Madison, WI 53703

Agenda No. G3

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):

Buses on Jenifer St. Should be rerouted to Williamson St. instead of East Washinton - 3 additional very long & dark streets away.

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

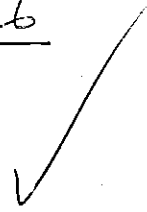
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 2-10-16

CITY OF MADISON

Registration Statement – Transit and Parking Commission



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PLEASE PRINT CLEARLY

Agenda No. B3

Name JEFF WALDMAN
Address 1050 JENIFER

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):

BUS STOP - FLIP- FLOP

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

Are you being paid for your representation? Yes No

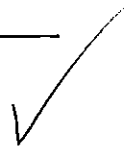
Are you appearing as part of your other paid duties for this person or organization? Yes No

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

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Date: _____

CITY OF MADISON



Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Agenda No. 23

Name JEFF WRIGHT
Address 1037 Williams St 301

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 grid for comments]

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

DEANIS CHANDLER / MS Gold
1044 FENNER

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

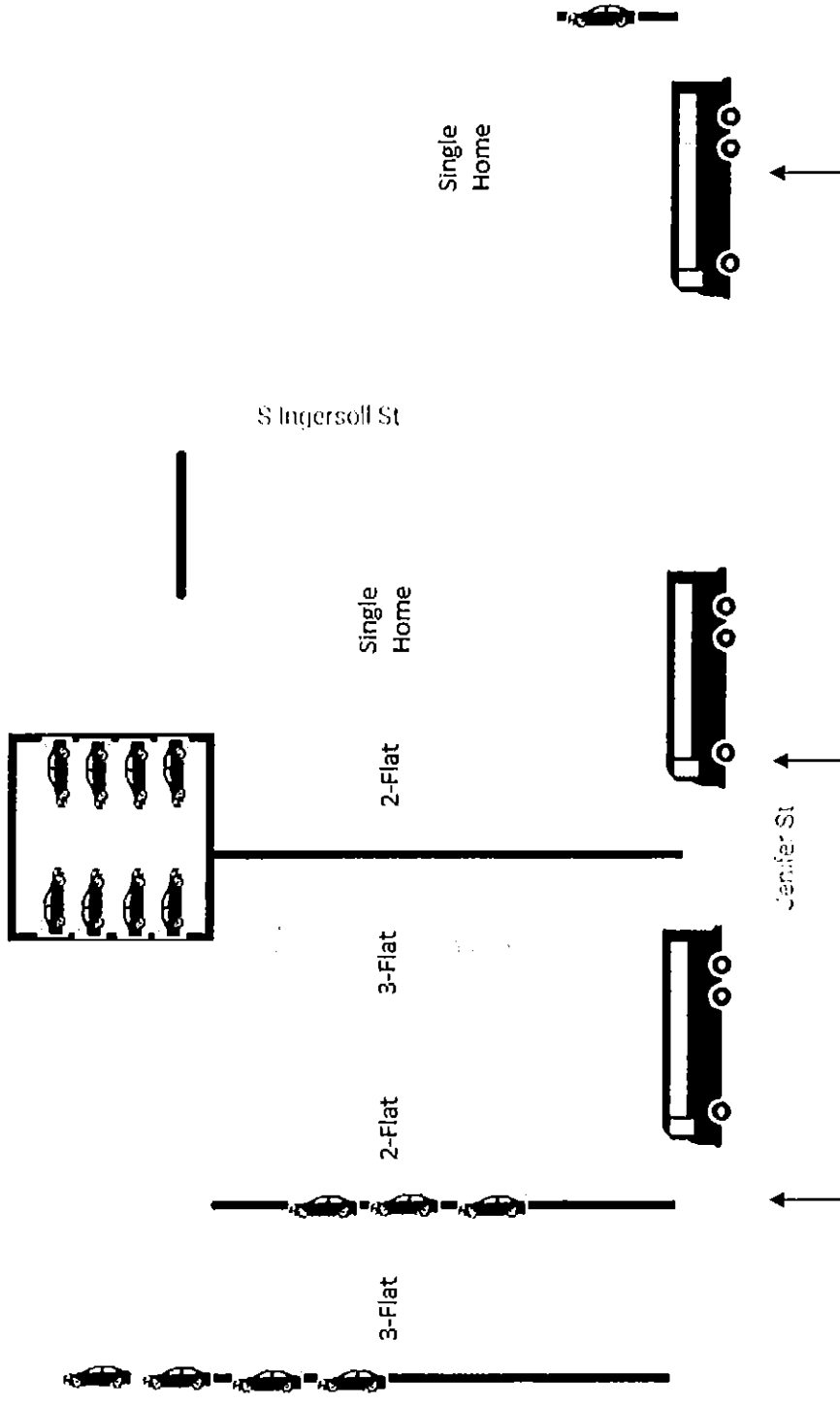
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

From JEFF WRIGHT

PROPOSED WESTBOUND BUS STOP AREA ON JENIFER STREET AT INGERSOL

(Note: This stop is used as shift change location – buses stop here for extended time periods during shift changes.)



From this driveway, 3 cars exit, backing out into traffic, often in multiples to shuffle order of vehicles.
If bus is present, this will be a totally blind exit backing into path of cars and bikes. Jennifer Street is heavily used as commuter bike route.

Proposed bus stop is in high density location. Bus located back of driveway would block visibility for 8 cars exiting shared parking area. Not unusual for 2 buses to pull up in succession, which will impact additional driveways.

Current bus stop location in front of single family home with shortened 1-car driveway. Bus is forward of driveway, which provides safer visibility for car exiting onto street.

Date: 2/10/16

CITY OF MADISON

Registration Statement – Transit and Parking Commission



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PLEASE PRINT CLEARLY

Agenda No. 41691

Name PETER WOLFF
Address 945 JENIFER ST.
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.

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.)

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Date: 2/10/16

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Name Larry Jensen
Address 1618 Jenifer St
Madison WI 53704

Agenda No. G-3
Jenifer St bus stop & detour

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 oppose temporarily moving bus stops from Jenifer to E Wash. I support proposals that MNA submitted to the TPC. Another good alternative would be to move the bus stops to Spaight St. The city had originally proposed doing just that, but a few people complained. Too bad. The buses could be moved there. Moving buses to E Wash may be convenient for Metro, but very inconvenient & potentially dangerous for riders. Metro will lose much of their ridership during the detour. But the buses will run on time to the periphery where no one rides the bus!

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.)

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Date: 2/10/16 ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Agenda No. 41691

Name Michael OBrien
Address 4380 DeMarco Trl
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
 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.)

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Date: 7/19/16 ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. JENIFER ST
BUS STOP RELOCATION

Name DUCE LIAM
Address 1054 JENIFER ST
MADISON 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 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

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

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Date: _____

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

(See GREGG SANFORD SLIP ATTACHED AT THE END)

Agenda No. 41691

Name Gray
Address 1050 Jennifer St
Madison, WI 53704

Please check the appropriate boxes:

- Support
Oppose
Neither Support Nor Oppose

- 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.)

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Date: 2/10/16

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Agenda No. 9.3.

Name GARY TIPLER
Address 807 JENIFER
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):

[Empty box for comments]

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

MNA TRAFFIC COMMITTEE
(MARQUETTE NEIGHBORHOOD ASSN)

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.)

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Date: 2/11/16

CITY OF MADISON

Registration Statement – Transit and Parking Commission



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PLEASE PRINT CLEARLY

Agenda No. _____

Name Donna Davis
Address 2725 Old Camden Sq.
1103 Jenifer St.

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

and Wish to speak (see John Olson's comments attached)
 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):

Historical Landmark - Church @
1103 Jenifer St.

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

John Olson
Capital City Sanctuary Church - 1103 Jenifer 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)

STATEMENT
READ BY DONNA
DAVIS

Allow me to introduce myself, my name is John Olson and I am the co-owner of the property at 1103 Jenifer St. (The Church.)

I would like to inform you that I am the Driver's Education instructor at Sun Prairie High School and have been in the business of "Traffic Safety" for over 30 years. I have been in contact with Tim S. in regards to the changes in front of the church property. I am unable to attend tonight's meeting due to my commitments as the Varsity Girls Basketball coach at Sun Prairie High School.

My previous conversations with Tim S. were very cordial and we discussed some items that seemed to work. However, it has come to my attention that other issues have come up that have caused me to suggest a few things that would allow for all parties to achieve some compromise while achieving the goals you have outlined.

Having grown up at the 511 South Ingersoll/church property and attended Marquette and East High school, I believe I have as much insight to the corner in question as anyone in the discussion. In addition to this, my brother was hit by a truck and killed in 1993 in Columbia County. Believe me when I say SAFETY is a mutual concern of ours.

If safety is your main goal then may I suggest that you address more than just the location of the bus stops. The REAL ISSUE is SPEED. Vehicles traveling down Jenifer Street gather speed as the downhill stretch reaches an end at the Ingersoll intersection. I have lived and worked at that corner for the better part of 60 years and I have always been concerned with the lack of speed control as vehicles pass by the church.

Again, having worked in the Traffic Safety area my whole career, it is my humble opinion that a 4 way stop at that intersection would accomplish the following:

1. Slow Traffic down and stop the speeding that occurs. There is a 4 way stop at Baldwin Street.
Why not here?
2. Save at least 10 parking spots on the street.
3. Not disrupt the lives of the residential properties with driveways etc. In addition to this, the noise factor and loitering in front of a house of worship when services are being conducted should be taken into consideration.
4. Keep the church accessible to the elderly, handicapped and disabled by allowing them parking that will otherwise be lost. The church congregation will be devastated by the loss of parking which may cause me to ask the city to turn the green space lot into a parking lot.
5. Allow the stops to stay where they are, but accomplish the safety concerns you have for pedestrians and rights turns. In addition to this I would ask if the Landmarks commission has been contacted in regards to changes in front of a Historical building. (the church)

This proposal has been sent to other residents and has met with their approval. They are especially pleased with the SPEED factor being addressed in addition to the possibility of reaching a compromise. As I mentioned before, in my profession as an instructor, these issues are a daily concern that I address with young drivers especially when discussing interaction with buses, bikes, and pedestrians. I hope you will consider a 4-way stop as a solution (without changing the stops) that will accomplish everyone's goals!

Thank you,
John Olson BJV Properties.
East High grad (73)
Traffic Safety Instructor
Sun Prairie High School

Date: Feb 10, 2016

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Name Karolyn Beebe

Address 220 Merry St ~~APT~~ 53704

Agenda No. G.3

Please check the appropriate boxes:

- Support
- Oppose *E. Wash route*
- 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):

opp^{ing} Detour to E. Wash

Please use Williamson St. this just short term ✓

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

myself

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.)

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Date: _____

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Agenda No. 41691

Name Gregg Sanford
Address 1050 Jennifer St.
Madison, WI 537

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):

My father bought 1050 as an investment. We love the neighborhood and our tenants. I think that the safety arguments are weak given the number of busy driveways a bus stop move would impact. I believe a move would negatively affect property value and cause significant safety concerns w/ multiple properties (1054, 1050, 1046).

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)