

Date: 4/10/13

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Ann Schomisch
Address University Ave
Middleton, WI

Agenda No. _____

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):

Concerned about elimination of stops on Route 71672. Particularly the stop at University Station (Ridge St.) The UW Health Clinic there has an extreme shortage of parking, but if employees have to take 2 buses, they are likely to just drive. I specifically moved to a location where I could take one bus to get from Middleton to work so this is very distressing. Having to take 2 buses in bad weather with no outbound shelter is a problem.

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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PLEASE PRINT CLEARLY

Name Diane Paoni
Address PO Box
Madison WI 53705

Agenda No. _____

Please check the appropriate boxes:

- | | | |
|---|-----|--|
| <input type="checkbox"/> Support | and | <input type="checkbox"/> Wish to speak |
| <input checked="" type="checkbox"/> Oppose | | <input checked="" type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Neither Support Nor Oppose | | <input type="checkbox"/> 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):

Unless you're going to UW or UW Hospital your service is decreasing significantly at Sheboygan AVE on 14 & 15. Making non UW/Hospital riders walk further, decrease their connectivity to other destinations & therefore increase their trip time is not an improvement. Taking routes off the square dramatically complicates transfers and shouldn't be done just to get UW students to campus 2 minutes quicker. If you are not looking for UW trips, there's nothing good here. My fare went up, now service is going down - Again. Rte 9 & 10 do not go same as 14/15 but now so not a substitute

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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Name Scott Custis

Address Union St

Madison WI 53704

Agenda No. _____

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 think taking the 14 + 15 off Sheboygan Ave will reduce service to the residents of Sheboygan Ave and DOT employees. The proposed routes 9 + 10 go to the UW Hospital + University, but do NOT go to the Square or any transfer stations making transfers from other lines very difficult. I have taken the 14/15 to work for 15 years. This change will have a significant negative impact on my daily commute.

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
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Agenda No. []

Name Terry Caygill
Address High Ridge Trail
Madison, WI 53713
Work 828-2431

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions *Wants to Leave Comment*

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

Call me if you have questions. Have been riding bus

At this meeting are you representing an organization or a person other than yourself: Yes No *37 years.*
(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 take the bus everyday.*

Would like to have an additional bus #15 route to be added to leave Univ + Park to go Excelsior Dr. off Old Sauk Rd at 8:30 AM. It would shorten my day. I leave now at 7:25 AM taking #47 bus get to work by 8:30 AM transfer to #15 at 7:55 AM. I leave work at 5:30 PM get bus at 5:45 PM, try to catch transfer of bus at Johnson + Park to catch #47.

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

In winter time I can't get the last bus #47 at 6:19 PM because of weather. Would be nice to add an additional bus so I could get home 6:39 pm ^{approximate} time

Are you being paid for your representation? *I have a commute of an hour each way* 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.)

Otherwise, I have go to Capitol take bus route #15 + then go STP + catch bus, (SEE BACK) usually get home after 7:30 PM. I notice route 40 in evenings, no one on bus after 8 PM. Maybe you could discontinue #40 after 8 PM

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Agenda No. TPC 04.10.13
Item G.1.

Name Dadhne Shannon-Lewis
Address Rosenberry Rd. #4
Fitchburg, WI 53711

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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COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

The Allied/Fitchburg/Red Arrow/Frontage Community. Myself and others only means of Transportation to work and grocery store & only means of getting to school is the #18 bus. Without this service how will we manage to survive - Cutting service is not an option.

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

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Agenda No. _____

Name Jack Heabler
Address Phoenicia Ridge Trl
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
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COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Time efficiencies related to connections @
Transfer points @ Park + Uni Ave; and Buses to
outlying areas - Middleton.
Also buses pulling in + the connections leaving before
they arrive.

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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