

Date: _____

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

Public Hearing

PLEASE PRINT CLEARLY

Name Kim OWENS

Address Londonderry Dr #325
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):

changes to #17 Madison Metro Bus
 changes to #30 Madison Metro Bus

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

Dryden Terrace Apts.
 1902 Londonderry Dr #325
 Madison WI 53704

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: 4/13/2013 ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Name Jerrel Alexander
Address Woodview Ct #5

Agenda No. Public Hearing

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 bus me take going to ~~see~~ D and near wash wash
when not going making bus on the way sit and
wait Sunday 5 to church be at by state street and (9/19/
to Holy Redeemer Church or St Paul's Church and see (9/19) bus
SI me would have to leave my name here own and sit on the bus
later before listening me to

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

Just me Jerrel Alexander 608 286 1959
608 445 9198 cell

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: 4/13/16 ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Name Evelyn Shimsiak

Address Van Dousen St
Madison WI 53715

Agenda No. Proposed Metro
service updates

Please check the appropriate boxes:

- Support
 - Oppose
 - Neither Support Nor Oppose concerned
- 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):

#13 + #5 changes -

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: April 30th 2016

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Agenda No. Public Hearing

Name MARY E. SAGESS / # 207
Address 17 TRACEWAY DR.
FITCHBURG, WI 53713

Please check the appropriate boxes:

Support
 Oppose Routes #5 & 13 changes
 Neither Support Nor Oppose

and Wish to speak
 Do not wish to speak
 Available to answer questions
(cannot stay for speaking - have another meeting to attend)

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):

2) I've spoken to 2 dozen people on these 2 routes. They DON'T want these route changes. 1) Wheelchair board members would like to see the # 5 route have the East TRANSFER PK on the 1/2 hour to get to Route #16 South Transfer Point. 3) Others, esp. employees & shoppers would like to see bus routes on the #16 route to WILMART & ROACH 4) Better maintenance of TPs 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.)

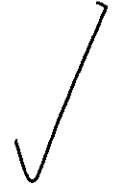
(SEE BACK)

Date: 4/13/16

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Name Amanda Love
Address Sargent St
Madison WI 53714

Agenda No. 6.1

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):

Adding additional trips on route 17 will be helpful for those traveling between the north and east sides, but since routes 20/30 are no longer necessary to make this trip, it would be helpful for Madison College students who live in the Hayes loop on route 6 to have service on route 20 — currently there is no connection, and many students live in this area.

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

Madison College Student Senate
1701 Wright St
Madison WI 53704

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: _____

CITY OF MADISON

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PLEASE PRINT CLEARLY

Name LORI, DAVID Hobb
Address Union St S

Agenda No. Public Hearing

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.)

(SEE BACK)