Date:	6	(0)	15	
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Registration Statement - Transit and Parking Commission

Registration Statement	t - Hallsit and Farking Commission
You must register before	ore the Commission considers your item.
(0)	PLEASE PRINT CLEARLY
Agenda No. 62.38789	Name Julie Younkin Address S. Baldwin St
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 Information Hearing Other Items	3 minutes
At this meeting are you representing an organizat (If you answered "no," STOP; you need not come of whom you represent below, and go on to the need to the need to be a superior of the need to be a superior or the need t	plete the rest of this form. If you answered "yes," provide the name
COMMENTS RELATED TO THE ITEM ON	THE AGENDA (optional):
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
Name, address and telephone number of each pers	son or organization you are representing:
Are you being paid for your representation?	☐ Yes No
Are you appearing as part of your other paid dutie (If you answered "no," STOP; you need not compared to the paid of the state of the s	s for this person or organization? Yes XNo plete the rest of this form. If you answered "yes," go on to the next

Date: 10 June 2015

CITY OF MADISON

Registration Statement – Transit and Parking Commission

·	PLEASE PRINT CLEARLY
1 25 39457	Name MICHAEL D. BARRE Address Sommers AVE MADISON WILL 5370H
Please check the appropriate boxes:	
Support Oppose — THE MISE Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits: Public Hearing	3 minutes
At this meeting are you representing an organization (If you answered "no," STOP; you need not complet of whom you represent below, and go on to the next q	te the rest of this form. If you answered "yes," provide the name
COMMENTS RELATED TO THE ITEM ON THE	
Name, address and telephone number of each person	or organization you are representing:
Are you being paid for your representation? Are you appearing as part of your other paid duties fo (If you answered "no," STOP; you need not complete question.)	☐ Yes ☐ No r this person or organization? ☐ Yes ☐ No e the rest of this form. If you answered "yes," go on to the next

Date:		/
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Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY				
	Name	Lori Grapentine Commonwealth Lue Medison, WI 53724		
Agenda No	187 Address	Commonwealth Ave		
		Medison, WI 53724		
Please check the appro	opriate boxes:			
Support Oppose Neither Su	pport Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions		
Speaking Limits:	Public Hearing	3 minutes		
(If you answered "no,	ou representing an organization or a person or <i>STOP</i> ; you need not complete the rest below, and go on to the next question.	st of this form. If you answered "yes," provide the name		
COMMENTS RELA	TED TO THE ITEM ON THE AGE	NDA (optional):		
				
				
· · · · · · · · · · · · · · · · · · ·				
Name, address and tele	ephone number of each person or organ	nization you are representing:		
Are you being paid for	your representation?	☐ Yes ☐ No		
	part of your other paid duties for this pe "STOP; you need not complete the res	erson or organization? Yes No St of this form. If you answered "yes," go on to the next		

Date: 6 - 10 - 18

CITY OF MADISON

Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY
Name Keith Calles
Agenda No. 62 38789 Address Huxluy St
Madison WI
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
At this meeting are you representing an organization or a person other than yourself: Yes Volume (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 Burron and House for 30min
POR HOUR I COUR a CROSS STREET From MORRAY
tranfor point it has made was un Bonable
Name, address and telephone number of each person or organization you are representing:
_KritH CallRos 1302 Huxlorst Maddson WI
608 335 9980
Are you being paid for your representation?
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.)

Date: 6 10 15

CITY OF MADISON

Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY
Agenda No.	Name HIJSIN SIWAT Address UNGOON & 201
	MANGON 111 53703
Please check the appropriate boxes:	
Support Oppose Manage Support Nor Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
Information Hearing	
At this meeting are you representing an org (If you answered "no," STOP; you need no of whom you represent below, and go on to	ot complete the rest of this form. If you answered "yes," provide the name
COMMENTS RELATED TO THE ITE	M ON THE AGENDA (optional):
· · · · · · · · · · · · · · · · · · ·	
 	
Name, address and telephone number of each	ch person or organization you are representing:
Are you being paid for your representation?	
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this person or organization? Yes No No to complete the rest of this form. If you answered "yes," go on to the next

Date: 6-10-15

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

				CLEARLY		
		Name	Ma	elanie Fo Lak)×CRO	FT
Agenda No. 387	789	Address	_	Lak	eland	'Ave
				adison	Li	53704
Please check the appro	priate boxes:					
Support Oppose Neither Sup	pport Nor Oppose	÷	and	Wish to spea Do not wish Available to	to speak	stions
Speaking Limits:	Public Hearing Information Hearing Other Items		.3 minu	ites	•	
(If you answered "no,	u representing an organization " STOP; you need not comple t below, and go on to the next	ete the resi	t of this		☐ Yes vered "yes,"	☐ No provide the name
COMMENTS RELA	TED TO THE ITEM ON T	HE AGEI	NDA (o	ptional):	·	
Name, address and tele	phone number of each persor	ı or organi	ization	you are representi	ng:	
Are you being paid for	your representation?				☐ Yes	☐ No
	art of your other paid duties for state of your other paid duties for state of the				☐ Yes vered "yes,"	☐ No go on to the next

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY
Agenda No. G. 2 Audible Turn Signal Please check the appropriate boxes: Name John Coleman Address Fill Ckinnen St Madison, WI 53703
I lease check the appropriate boxes.
Support Oppose Neither Support Nor Oppose Support and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits: Public Hearing
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): As a bother I ling the constant beeping from buses stressful + distracting. I view the analyse turn signal system as a safety have a for me because of increasing confusion while bothing.
Name, address and telephone number of each person or organization you are representing:
Are you being paid for your representation?
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.)

Date: 6/10)15

CITY OF MADISON

Registration Statement – Transit and Parking Commission

	·		RINT CLEARLY	_	
10	72000	Name	LAREN	FAST (2	_
Agenda No. 1	38/89	Address	041	D AE	
			MM) son	77 '	537UY
Please check the appre	opriate boxes:				\
Support Oppose Neither Su	pport Nor Oppose	ar	[] Do not A	speak IF J wish to speak le to answer ques	•
Speaking Limits:	Public Hearing Information Hearing Other Items	3	minutes		
(If you answered "no,	ou representing an organization "STOP; you need not compa to below, and go on to the nex	lete the rest of			☐ No provide the name
COMMENTS RELA	ATED TO THE ITEM ON T	THE AGEND	A (optional):		
1 oppose	ATED TO THE ITEM ON TO He ye of the SARTON	<u> ۹ ۲۷۲٬</u>	ble turn	Signel	
alorm	- system				
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<u> </u>					
Name, address and tel	ephone number of each perso	on or organizat	ion you are repres	enting:	
Are you being noid for	volue vanvagantation?				Mana Mana
Are you being paid for	•	Complete was		∐ Yes	No FZIN-
	part of your other paid duties "STOP; you need not compl			∐ Yes answered "yes,"	go on to the next

Date:	6/10/15
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Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY	
Agenda No. 38195 Name Kristi Solverg Address Langton St	د
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose and Wish to speak Do not wish to speak Available to answer quest	tions
Speaking Limits: Public Hearing	
At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," of whom you represent below, and go on to the next question.)	☐ No provide the name
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):	
Chirping bus nuisance, presenting letter from Tred Mohs with suggested alter	rnative
Dolutins,	
Name, address and telephone number of each person or organization you are representing: ———————————————————————————————————	-1978
Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," guestion.)	No No go on to the next

Date: 6/10/15

CITY OF MADISON

Registration Statement – Transit and Parking Commission

		PLEASE PRIN	IT CLEARLY			
	4	Name \mathcal{Z}	ROOKE	DEEL/6	EC	
Agenda No.	2,	Address	LANGDON	157 #2	203	
		X	IMISON I	J/ 337	203	
Please check the appro	opriate boxes:		•			
Support Oppose Neither Su	pport Nor Oppose	and	Wish to spen Do not wish Available to		ons	
Speaking Limits:	Public Hearing Information Hearing Other Items	3 mi	nutes			
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 RELA	TED TO THE ITEM ON I	HE AGENDA	(optional):			
Bus Area	et 15 Too Loves	S AND 15	BEING O	USES		
INIBISCRIMATELY AND OFT OFTEN WHEN THEFT IS						
NOT & NEEDED. IT IS DISCUTTIVE THE QUILLY						
OF LIFE	he fUBLIC AND	ne fest	LE'S Hon	rt !		
<u> </u>						
Name, address and tele	ephone number of each person	n or organization	n you are representi	ng:		
Are you being paid for	•			☐ Yes	No	
	part of your other paid duties to "STOP; you need not completed			☐ Yes Ŋ vered "yes," gb	No on to the next	

Date:	10	Jun	15

Registration Statement – Transit and Parking Commission

		PLEASE	PRINT CL	EARLY.			
Agenda No. 4		Name Address	_Rol 	nert 	KLEB E Gor	BA	St
Please check the approp	riate boxes:						
Support Oppose Neither Supp	port Nor Oppose	. *	and D		o speak wish to speak ole to answer qu	estions	
I	Public Hearingnformation Hearing Other Items		.3 minutes	3			
(If you answered "no,"	representing an organizatio STOP; you need not compl below, and go on to the next	ete the res	t of this fo				
COMMENTS RELAT	ED TO THE ITEM ON T	HE AGE	NDA (opti	ional):			
Name, address and telep	hone number of each perso	n or organi	zation you	are repre	senting:		
Are you being paid for y	our representation?	for this per	son or org	anization	Yes	☐ No	
	STOP; you need not comple						

Registration Statement – Transit and Parking Commission

<u> </u>		PLEASE PRINT	CLEARLY			
	(1)	Name	tem wor	ر ا		
Agenda No	5	Address	jackson	~		
			madicon	·		
Please check the appr	ropriate boxes:					
Support Oppose Neither Su	ipport Nor Oppose	and	Wish to speak Do not wish to spea Available to answer			
Speaking Limits: Public Hearing						
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.)						
r	ATED TO THE ITEM ON I					
Bus beeps	are as irri-	tating a	s they are unn	ecessary		
				<u>.</u>		
Name, address and tel	lephone number of each perso	on or organization	you are representing:			
		-				
Are you being paid fo	r your representation?		□ Y	es No		
	part of your other paid duties "STOP; you need not compl			es No ves, go on to the next		