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05848
50935
52086

Madison

COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____ DATE 6/20/18
SUBJECT/ADDRESS/TOPIC Winnebago St Reconstruction AGENDA ITEM NO. _____

YOUR NAME Lori Guderyon YOUR ADDRESS 1846 Spaight St.

Please check the appropriate boxes:

<input checked="" type="checkbox"/> SUPPORT <u>of Option 1B</u> <input type="checkbox"/> Wish to speak (3 min. limit) <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> OPPOSE <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"/> NEITHER SUPPORT NOR OPPOSE <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.**



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____ DATE 1-20-18
SUBJECT/ADDRESS/TOPIC Option 1B AGENDA ITEM NO. 4

YOUR NAME Linda Poehlman YOUR ADDRESS 2214 Winnebago St.

Please check the appropriate boxes:

<input checked="" type="checkbox"/> SUPPORT <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"/> OPPOSE <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"/> NEITHER SUPPORT NOR OPPOSE <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.
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COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Bd of Public Works DATE 20 June
 SUBJECT/ADDRESS/TOPIC Winnebago St. Re-Const. AGENDA ITEM NO. 4

YOUR NAME Bert G. Zipperer YOUR ADDRESS 1337 Jennifer St.

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <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"/> OPPOSE <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"/> NEITHER SUPPORT NOR OPPOSE <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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At this meeting are you representing an organization or a person other than yourself? Yes No

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If you answered "yes," **go on to the next questions on the back side of this form.**



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE BPW DATE 6/20/18
 SUBJECT/ADDRESS/TOPIC Winnebago st AGENDA ITEM NO. 4

YOUR NAME Derek Tyus YOUR ADDRESS 2128 Winnebago St

Please check the appropriate boxes:

<input checked="" type="checkbox"/> SUPPORT <u>IB</u> <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"/> OPPOSE <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"/> NEITHER SUPPORT NOR OPPOSE <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

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COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE BPW DATE 6 June
 SUBJECT/ADDRESS/TOPIC Blair St Corridor AGENDA ITEM NO. #5

YOUR NAME Anne Walker YOUR ADDRESS 1709 Winnebago St

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <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"/> OPPOSE <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"/> NEITHER SUPPORT NOR OPPOSE <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.*