

**REGISTRATION OF POSITION
BEFORE THE
Downtown Coordinating Committee**

Note: All speakers registering a position to speak at a DCC meeting must have registered their request to speak prior to the introduction of that agenda item.

SPEAKERS WILL HAVE A 3 MINUTE TIME LIMIT!

Please Print: Name: David Lee Date: 7/13/12
Address: 2458 Pennsylvania Ave City: Madison Zip: 53704
Representing: Union Cab Cooperative
(Indicate "Self" if representing yourself or list name of organization)

Please Indicate Item No. on Agenda		Please Check Appropriate Area Below
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Support/Comments: (Indicate Subject) _____

Wish to speak Do not wish to speak

Oppose/Comments: (Indicate Subject) Amending Section 12.915(s)
Public Safety & Cab

Wish to speak Do not wish to speak

Neutral/No Opinion Comments: (Indicate Subject) _____

Wish to speak Do not wish to speak

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FORMSPERG5128EM

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Please Print: Name: Christina Ballard Date: 7.13.12
 Address: 1624 Fordem Ave #203 City: Madison Zip: 53704
 Representing: Cab Drivers For Madison Safety
(Indicate "Self" if representing yourself or list name of organization)

Please Indicate Item No. on Agenda		Please Check Appropriate Area Below
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Support/Comments: (Indicate Subject) _____

Wish to speak Do not wish to speak

Oppose/Comments: (Indicate Subject) 26603
Amending Sec. 12.915(8) of MGO

Wish to speak Do not wish to speak

Neutral/No Opinion Comments: (Indicate Subject) _____
 Wish to speak Do not wish to speak

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FORM 5/2008 CSD/FRM

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SPEAKERS WILL HAVE A 3 MINUTE TIME LIMIT!

Please Print: Name: DEE PACHLHOFFER Date: 7/13/12

Address: 120 S BLAIR ST #1 City: MADISON Zip: 53703

Representing: Union Cab of Madison
(Indicate "Self" if representing yourself or list name of organization)

Please Indicate Item No. on Agenda	Please Check Appropriate Area Below
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 Support/Comments: (Indicate Subject) _____

Wish to speak _____ **Do not wish to speak**

Oppose/Comments: (Indicate Subject) I oppose the
proposed changes to MCO 12.915(2) prohibiting
taxicabs on State Street.

Wish to speak _____ **Do not wish to speak**

 Neutral/No Opinion Comments: (Indicate Subject) _____
 Wish to speak _____ **Do not wish to speak**

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FORMS2008CSTP-PRM

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SPEAKERS WILL HAVE A 3 MINUTE TIME LIMIT!

Please Print: Name: FRANK MATTINGLY Date: 7/13/12
Address: 2832 MYRTLE ST City: MADISON Zip: 53704
Representing: CAB DRIVERS FOR MADISON SAFETY
(Indicate "Self" if representing yourself or list name of organization)

Please Indicate Item No. on Agenda <input type="checkbox"/>	<u>IV B</u>	Please Check Appropriate Area Below
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Support/Comments: (Indicate Subject) _____

Wish to speak Do not wish to speak

Oppose/Comments: (Indicate Subject) 26603
AMENDING SEC. 12.915(8) OF MGO

Wish to speak Do not wish to speak

Neutral/No Opinion Comments: (Indicate Subject) _____

Wish to speak Do not wish to speak

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Please Print: Name: Michael Dentice Date: 7/13/12
 Address: 533 Lisa Ann Drive City: Madison Zip: 53718
 Representing: Badger Cab Company
(Indicate "Self" representing yourself or list name of organization)

Please Indicate Item No. on Agenda: <u>2 B</u>	Please Check Appropriate Area Below
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Support/Comments: (Indicate Subject) _____

Wish to speak _____ Do not wish to speak _____

Oppose/Comments: (Indicate Subject) _____
General opposition to eliminating
taxi access to the State Street
area.

Wish to speak _____ Do not wish to speak _____

_____ Neutral/No Opinion Comments: (Indicate Subject) _____

_____ Wish to speak _____ Do not wish to speak _____

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FORMS080827001

**REGISTRATION OF POSITION
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SPEAKERS WILL HAVE A 3 MINUTE TIME LIMIT!

Please Print: Name: DAVID ROSSING Date: 07/13/11
Address: 1129 ELIZABETH ST. City: MADISON Zip: 53703
Representing: FOR SELF
(Indicate "Self" if representing yourself or list name of organization)

Please Indicate Item No. on Agenda	Please Check Appropriate Area Below
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Support/Comments: (Indicate Subject) _____

Wish to speak Do not wish to speak

Oppose/Comments: (Indicate Subject) Oppose Measure
to disallow taxis on State St. for the purpose
of servicing flags.

Wish to speak Do not wish to speak

Neutral/No Opinion Comments: (Indicate Subject) _____
 Wish to speak Do not wish to speak

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FORMS20080328.FRM

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SPEAKERS WILL HAVE A 3 MINUTE TIME LIMIT!

Please Print: Name: ROSEMARY LEE Date: 7-13-12
 Address: 111 W WILSON #108 City: MADISON Zip: 53703
 Representing: SELF
(Indicate "Self" if representing yourself or list name of organization)

Please Indicate Item No. on Agenda:	<u>W B</u>	Please Check Appropriate Area Below
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_____ Support/Comments: (Indicate Subject) _____

_____ Wish to speak _____ Do not wish to speak

* _____ Oppose/Comments: (Indicate Subject) _____

* _____ Wish to speak _____ Do not wish to speak

_____ Neutral/No Opinion Comments: (Indicate Subject) _____

_____ Wish to speak _____ Do not wish to speak

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FORMS/PREGST/FORM

REGISTRATION OF POSITION BEFORE THE Downtown Coordinating Committee

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SPEAKERS WILL HAVE A 3 MINUTE TIME LIMIT!

Please Print: Name: Kristin Forde Date: 7-13-12
 Address: 2336 Superior City: Madison Zip: 53704
 Representing: Union Cab
(Indicate "Self" if representing yourself or list name of organization)

Please Indicate Item No. on Agenda		Please Check Appropriate Area Below
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 Support/Comments: (Indicate Subject) _____

 Wish to speak Do not wish to speak

X Oppose/Comments: (Indicate Subject) Particularly opposed
to banning cabs during hours of 6pm-6am
and during major events.

X Wish to speak Do not wish to speak

 Neutral/No Opinion Comments: (Indicate Subject) _____

 Wish to speak Do not wish to speak

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FORMS PERGSTE/HR/1

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SPEAKERS WILL HAVE A 3 MINUTE TIME LIMIT!

Please Print: Name: Phil Anderson Date: 7/13/12
 Address: 2318 Westchester Rd. City: Fitchburg Zip: 53711
 Representing: Loran Cab Company
(Indicate "Self" if representing yourself or list name of organization)

Please Indicate Item No. on Agenda	Please Check Appropriate Area Below
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 Support/Comments: (Indicate Subject) Exhibit 8100

Wish to speak Do not wish to speak

Oppose/Comments: (Indicate Subject) Topic on State Street

Wish to speak Do not wish to speak

 Neutral/No Opinion Comments: (Indicate Subject) _____

 Wish to speak Do not wish to speak

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FORMS 06/03/12

REGISTRATION OF POSITION BEFORE THE Downtown Coordinating Committee

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SPEAKERS WILL HAVE A 3 MINUTE TIME LIMIT!

Please Print: Name: Pam McCord Date: 7-13-12
 Address: 305 STATE ST. City: Madison Zip: 53703
 Representing: TUTTO PASTA STATE STREET
(Indicate "Self" if representing yourself or list name of organization)

Please Indicate Item No. on Agenda		Please Check Appropriate Area Below
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Support/Comments: (Indicate Subject) _____

Wish to speak Do not wish to speak

Oppose/Comments: (Indicate Subject) Talked to customers
& STAFF to bring their opinions & feedback to the
committee. They most all FEEL CARS ON STATE

during night drinking hours is very necessary.
 Wish to speak Do not wish to speak

Neutral/No Opinion Comments: (Indicate Subject) _____

Wish to speak Do not wish to speak

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FORMS2008CS/FARM

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SPEAKERS WILL HAVE A 3 MINUTE TIME LIMIT!

Please Print: Name: Deb Archer Date: 7-13-12
Address: 615 E. WASHINGTON City: MADISON Zip: 53703
Representing: JMVB
(Indicate "Self" if representing yourself or list name of organization)

Please Indicate Item No. on Agenda	<u>4</u>	Please Check Appropriate Area Below
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Support/Comments: (Indicate Subject) _____

Wish to speak Do not wish to speak

Oppose/Comments: (Indicate Subject) _____

Wish to speak Do not wish to speak

Neutral/No Opinion Comments: (Indicate Subject) _____
 Wish to speak Do not wish to speak

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FORMSFBGSTRFORM

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SPEAKERS WILL HAVE A 3 MINUTE TIME LIMIT!

Please Print: Name: Susan Schmitz Date: 7-13-12
 Address: 210 Marinette St City: Madison Zip: 53705
 Representing: DMI
(Indicate "Self" if representing yourself or list name of organization)

Please Indicate Item No. on Agenda		Please Check Appropriate Area Below
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_____ **Support/Comments: (Indicate Subject)** _____

_____ Taxis _____

Wish to speak _____ **Do not wish to speak**

_____ **Oppose/Comments: (Indicate Subject)** _____

_____ _____

_____ **Wish to speak** _____ **Do not wish to speak**

Neutral/No Opinion Comments: (Indicate Subject) _____

_____ **Wish to speak** _____ **Do not wish to speak**

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FORMS 2008CS17-RRM

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SPEAKERS WILL HAVE A 3 MINUTE TIME LIMIT!

Please Print: Name: EDWARD KHARSKI Date: 7/13/12
 Address: 405 SIDNEY ST. City: MADISON Zip: 53703
 Representing: SELF
(Indicate "Self" if representing yourself or list name of organization)

Please Indicate Item No. on Agenda	Please Check Appropriate Area Below
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Support/Comments: (Indicate Subject) _____

Wish to speak Do not wish to speak

Oppose/Comments: (Indicate Subject) WOULD LIKE TO SEE
MORE EQUITABLE & EFFECTIVE SAFETY PROGRAMS FOR ALL
WHO MAY CONSUME ALCOHOLIC BEVERAGES ON STATE ST.

Wish to speak Do not wish to speak

Neutral/No Opinion Comments: (Indicate Subject) _____

Wish to speak Do not wish to speak

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FORMSBBRGSTPFORM

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SPEAKERS WILL HAVE A 3 MINUTE TIME LIMIT!

Please Print: Name: Rick Navasili Date: 7-13-2012
Address: 1403 Wilson St City: Madison Zip: 53714
Representing: Madison Trust
(Indicate "Self" if representing yourself or list name of organization)

Please Indicate Item No. on Agenda Please Check Appropriate Area Below

Support/Comments: (Indicate Subject) _____

Wish to speak Do not wish to speak

Oppose/Comments: (Indicate Subject) Needs to be
accommodated for the future

Wish to speak Do not wish to speak

Neutral/No Opinion Comments: (Indicate Subject) _____

Wish to speak Do not wish to speak

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FORMS/REGISTRATION