

Date: _____

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name THOMAS R. HUBL
Address 8202 Highview Dr apt 149
Madison, WI 53719

Agenda No. E 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):

Congested traffic patterns without electronic signal corner Watts & Commerce Dr. (all saints complex) 144 apts; 115 apts; 12 Condo; 12 Duplex, 4 apt units to West - close to aldi, address rent - Shop Maul. - Retirement; Menards Tire Shop - Rental storage; 2 large Hotels Princeton Club; 3 upcoming new apt complex plus 1 Hotel

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

THOMAS R HUBL - Resident all Saints Retirement Complex Re: Elder Span Management Co.

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 10/24/17

Signature

Thomas R. Hubel

Print Name

THOMAS R. HUBEL

October 12, 2017

Alder Paul Skidmore
13 Red Maple Trail
Madison, WI 53717

Dear Alder Skidmore,

This letter is to officially put into writing our grave concerns with the Watts Road and Commerce Drive intersection on Madison's west side. This is not about inconvenience or annoyance. This is about making a very dangerous intersection more safe.

Our concerns:

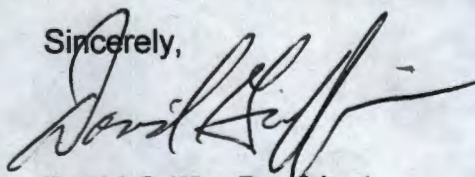
1. Drivers and pedestrians trying to cross Watts Road have to be watching four lanes (two each direction) of traffic that isn't obeying the posted 35 *OR 30* mph speed limit.
2. Traffic in each of those four lanes can be doing a multitude of things – continuing straight on Watts, turning left onto Commerce and turning right onto Commerce – from both directions. At least six different traffic scenarios are possible at one time.
3. The construction project at the intersection has created more traffic on both Watts and Commerce, including large construction vehicles.
4. To complicate the situation, it's difficult to see the fast-moving traffic coming down the Watts Road hill by the Princeton Club.

These concerns are not just for the 300+ seniors who live at All Saints Neighborhood. These concerns are for drivers of every age. Many of our residents, staff and family members have had close calls and have complained to us about this dangerous situation.

Please let us know what more we can do to make putting signal lights at this intersection a priority for you and the City. The undersigned have read this letter and hate to think it will take a serious accident to finally wake everyone up to the severity of the situation.

Thank you for your prompt attention to this.

Sincerely,



David Griffin, President
ElderSpan Management, LLC

NAME Lais M. Brich

NAME Sandy Wren

NAME Edmund Brich

NAME Ilo Alton

NAME Chula J. Anglin Sr

NAME Mrs. M. J. Waters

NAME Judith A. Hill

NAME Florinda Fredrick

NAME Mary Joan Keminski

NAME Ron Halverson

NAME ~~Robert Sergenian~~

NAME Susan Carlson

NAME Robert Sergenian

NAME _____

NAME Dalton Kalla

NAME _____

NAME Elizabeth Bellissimo

NAME _____

NAME Rex Lukesavage

NAME _____

NAME Nell Bowler

NAME _____

NAME Irene Alton

NAME _____

NAME Cory Hatfield

NAME _____

NAME Thomas F. Mlynick

NAME _____

NAME Martin Dagnon

NAME _____

NAME Jane Sheehan

NAME _____

NAME Margaret O'Brien

NAME _____

NAME Mary Rounky

NAME _____

NAME Jean Dean

NAME _____

Date: 10-29-17

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

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PLEASE PRINT CLEARLY

Agenda No. E 1

Name LeeAnn Glover
Address 6000 American Pkwy
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.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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

Request traffic signal at American Pkwy and
American Family Drive

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

American Family Insurance
6000 American Pkwy
Madison, WI 608-242-4100

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)

REGISTRATION STATEMENT - PAGE 2

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Date 10.24.17

Signature

Print Name

LeeAnn Glover

Date: 10-24-17

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. E1

Name Jane Grabowski-Miller
Address 6000 American Pkwy
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.....5 minutes
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6000 American Pkwy
Madison, WI 242-4100

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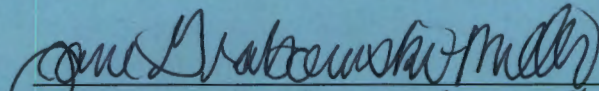
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Date 10.24.17

Signature



Print Name

Jane Grabowski-Miller

Date: 10/29/07

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

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PLEASE PRINT CLEARLY

Name Justin Dobson

Address 1951 Heath Ave

Agenda No. E

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- Oppose
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Speaking Limits: Public Hearing..... 5 minutes
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COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Light at Paeher's + Schlungen

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

Are you being paid for your representation? Yes No

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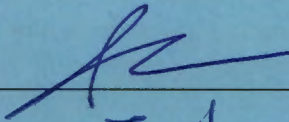
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Date 10/24/17

Signature



Print Name

Justin Dobson