# COMMISSION / COMMITTEE REGISTRATION FORM

Madison

COMMISSION/COMMITTEE Board of Public Works DATE 7/17/19

SUBJECT/ADDRESS/TOPIC 56 Small Cells AGENDA ITEM NO. _____

YOUR NAME Lisa Luedtke YOUR ADDRESS 746 W Main #325 (53715)

**Please check the appropriate boxes:**

| ☐ SUPPORT | ☐ OPPOSE | ☑ NEITHER SUPPORT NOR OPPOSE |
|---|---|---|
| | | comments in writing |
| ☐ Wish to speak ***(3 min. limit)*** | ☐ Wish to speak ***(3 min. limit)*** | ☐ Wish to speak ***(3 min. limit)*** |
| ☐ Do not wish to speak | ☐ Do not wish to speak | ☑ Do not wish to speak |
| ☐ Available to answer questions | ☐ Available to answer questions | ☐ Available to answer questions |

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

Madison

COMMISSION/COMMITTEE BPW DATE 7/17/19

SUBJECT/ADDRESS/TOPIC SMALL CELL BPW AGENDA ITEM NO. _____

YOUR NAME Carol S. Enseki YOUR ADDRESS 4929 Whitcomb Drive, Apt. 14, Madison, WI 53711

Please check the appropriate boxes:

| ☐ SUPPORT | ☑ OPPOSE | ☐ NEITHER SUPPORT NOR OPPOSE |
|---|---|---|
| ☐ Wish to speak *(3 min. limit)* | ☑ Wish to speak *(3 min. limit)* | ☐ Wish to speak *(3 min. limit)* |
| ☐ Do not wish to speak | ☐ Do not wish to speak | ☐ Do not wish to speak |
| ☐ Available to answer questions | ☐ Available to answer questions | ☐ Available to answer questions |

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.***

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# COMMISSION / COMMITTEE REGISTRATION FORM

Madison


COMMISSION/COMMITTEE Public Works DATE 7-17-19

SUBJECT/ADDRESS/TOPIC Small Cell Technology AGENDA ITEM NO. _____

YOUR NAME Ron Shutvet YOUR ADDRESS 925 Lake Ct

Please check the appropriate boxes:

| ☐ SUPPORT | ☐ OPPOSE | ☒ NEITHER SUPPORT NOR OPPOSE |
|---|---|---|
| ☐ Wish to speak *(3 min. limit)* | ☐ Wish to speak *(3 min. limit)* | ☒ Wish to speak *(3 min. limit)* |
| ☐ Do not wish to speak | ☐ Do not wish to speak | ☐ Do not wish to speak |
| ☐ Available to answer questions | ☐ Available to answer questions | ☐ Available to answer questions |

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.***