

Date: 2.11.15

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Christina Ballard

Address Madison, WI 53704

Agenda No. F2 34016

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):

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

Cab Drivers For Madison Safety 1624 Forder Ave #203, 608-320-0107
Union Cab of Madison, 2458 Pennsylvania, 608-242-2006

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

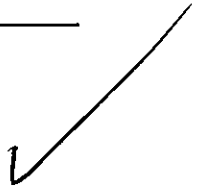
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 2/11/13

CITY OF MADISON

Registration Statement – Transit and Parking Commission



You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Steve Holtzman

Address _____

53703

Agenda No. F 2

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

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

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)

Date: 2-11-15

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Agenda No. F2 34016

Name TOM H. MELMS
Address _____

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):

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

BADGER CAB Co 608-256-5566

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

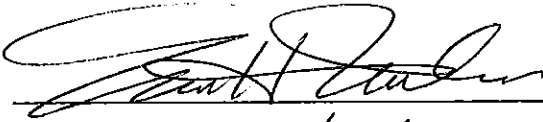
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3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

(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 2-11-15

Signature 
Print Name TOM H. MELMS

Had I come to you several years ago and said: I would like to propose the new business model at Badger Cab. We will no longer register with or pay licensing fees to the City of Madison or Dane County Airport. Our drivers will no longer go thru background checks and be permitted by the Madison Police dept. We will do credit checks on the drivers. We will no longer operate 24/7 because that is not profitable. We will no longer service the entire city because that can be dangerous. We will rate our customers and refuse service when we want because that is best for us. In order to have enough drivers out at bar time, football Saturdays, bad weather etc, we will increase our rates as we deem necessary. Drivers will drive when they want (few hours here and there) to maximize their income. Unfortunately service will suck during slow times, but you must understand that driving 8, 10 or 12 hour shifts have many non-profitable hours so why do that? We will no longer que at the airport because we can sit in the cell phone lot to avoid fees. We are not going to mark our cabs, post fares, get inspections, display permits or provide insurance certificates to the city. We see no point in paying Workman's Comp to the State of Wisconsin. We will not pay sales tax on our fees or personal property tax on our vehicles. If you do not have a smart phone and a credit card we will not serve you. I hope all this sounds great because although people will wait 45 min to get into a bar on Fri and Sat night we sure do not want them to wait for a cab at bar time. At this point I would have expected to be laughed out of the room. But the point is that cab service in Madison will suffer with Uber and Lyft operating with a different set of rules. 24/7, prices and safety will no longer be standard. I wonder how other regulated industries would react if the licenses and fees they have been paying had no meaning. We need to look at liquor, restaurant, food cart, signs, zoning, housing, construction, developments etc. all in the name of "FREE MARKET". Nothing is stopping Uber and Lyft from entering the free market if they adhere to the licensing and regulation that exists. 11.06 was created for a reason and it is clearly stated in the Purpose: (a) Protect consumers by providing safe, convenient and efficient public transportation for hire. (b) Protect the health and safety of drivers of public passenger vehicles. (c) Eliminate conflict and confusion among different types of service. (d) Improve operating conditions to enable licensees and drivers to provide better public service. Protection of the consumer is of utmost importance and there have been many examples around the globe of price gouging when the opportunity exists, inefficiencies of insurance, and questionable character of drivers. Without ALL of these regulations the opportunity for price gouging will be endless, service at times would be terrific and at other times be nonexistent and safety would be questionable! Some industries require regulations. Not for the health of the industry but for the safety of and the service for the public. What is next? Unlicensed beer carts on State Street or in public parks? Please have some foresight into how this hour of euphoria could turn ^{IN TO} years of anarchy and chaos.

Tom H. Melms

Badger Cab Co. Inc.

Date: 2/11/15

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name San Diego RCMS

Address Madison, WI 53704

Agenda No. F 2

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):

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

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

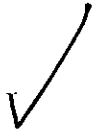
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(SEE BACK)

Date 2-11-2015

CITY OF MADISON

Registration Statement – Transit and Parking Commission



You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Justin LA Plant

Address Madison, WI 53704

Agenda No. F2 Uber/Lyft

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):

Representing - Ride Safe MADISON

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

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

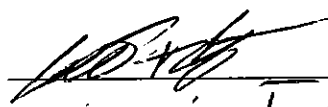
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 2-11-2015

Signature 
Print Name Justin T. LaPorte

Date: 2/11/2015

CITY OF MADISON

Registration Statement – Transit and Parking Commission



You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Anna Everson

Address 1 _____
Madison WI 53703

Agenda No. F2

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):

[Empty comment box with multiple horizontal lines]

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

[Empty lines for name, address, and telephone number]

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)

Date: 2/11/15 ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

Agenda No. F.2

PLEASE PRINT CLEARLY

Name Rebecca Krantz

Address Madison Wt 53711

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):

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

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.)

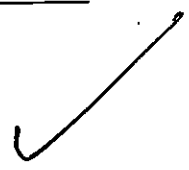
(SEE BACK)

Date: 2/11/15

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.



PLEASE PRINT CLEARLY

Agenda No. F.2

Name Samuel (Sam) Katz

Address 53715

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):

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

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.)

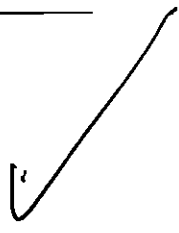
(SEE BACK)

Date: 2/10/15

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.



PLEASE PRINT CLEARLY

Agenda No. F-2

Name DONALD MORTON

Address MADISON, WI 53714

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):

Methodology used to substantiate ~~it~~ not using Uber as part of the transportation solution in Madison

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

DON MORTON
233 N. Thompson D.
MADISON, WI 53714

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.)

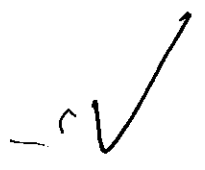
(SEE BACK)

Date: 2-11-15

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.



PLEASE PRINT CLEARLY

Agenda No. F2

Name Christa Barckardt

Address Sun Prairie, WI 53590

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

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

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

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(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

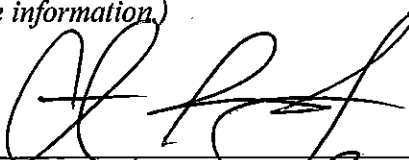
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Date 2-11-15

Signature 
Print Name Christian Borckardt

Date: 7

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Name J Caleb Haugen

Address Sum Prairie, WI

Agenda No. F 2

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

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

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

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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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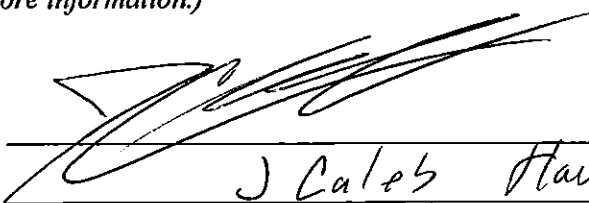
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Date 2-11-15

Signature 
Print Name J Caleb Hayden

Date: 2/10 ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Name Carla Jacobs
Address 30 W Miffun

Agenda No. F2?

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):

works w/ ~~left~~ Uber

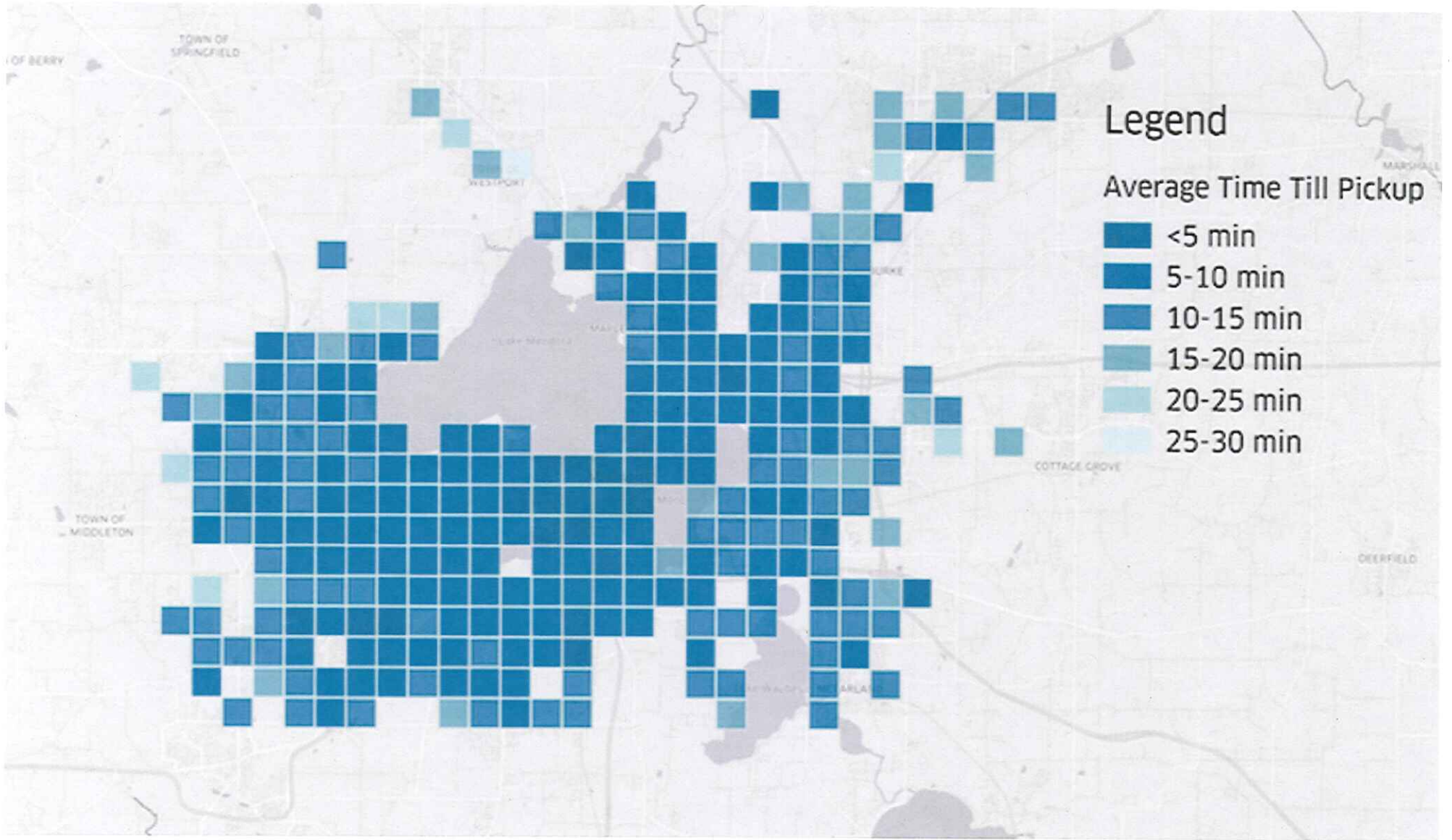
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Are you being paid for your representation? Yes No

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.)

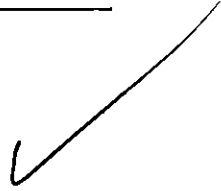
(SEE BACK)



Date: 2/11

CITY OF MADISON

Registration Statement – Transit and Parking Commission



You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 72

Name Brad Mastenbrook

Address Stoughton

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):

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

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

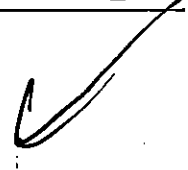
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(SEE BACK)

Date: 2-11-15

CITY OF MADISON

Registration Statement – Transit and Parking Commission



You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. F2

Name Jason Glomp
Address Madison, WI 53704

Please check the appropriate boxes:

- Support - Alternate
- 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):

[Empty box for comments]

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

Union Club of Madison 2458 Pennsylvania Ave

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)

Recently, Uber received a \$41 billion evaluation. Those of us in the Taxi Industry took notice. Given that the Taxi industry is traditionally a small margin industry how have TNC's managed to become so successful so quickly? They have done so by passing their costs on to the drivers and the community. Fuel, maintenance, payroll taxes, insurance and most importantly the regulatory costs of running a business that is regulated, in the case of the city of Madison as a public utility. It is the passing on of those costs should be most troubling to the people of Madison.

As you well know, unlike most municipalities, Madison does not have a Medallion system. In fact, the city makes very few requirements of it's taxi cab companies. This means that anyone who can provide 24/7 service to the entire city is able to start a taxi company with almost no red tape. This process is simple and straightforward, in fact just a few years ago you approved Green Cab of Madison, with no objection from Madisons established taxi companies, and they been operating 24/7 without interruption since.

However, California based TNCs like Uber and Lyft have been lobbying our city government to reduce the basic requirements rather than working to meet those basic requirements.

Of particular concern is TNCs unwillingness to participate in the basic requirement of background checks conducted by the Madison Police Department. Given the numerous stories in the media over the last year about TNC drivers, stalking, attacking, and even raping passengers it seems only prudent that this body require that all drivers for all TNCs be licensed, photographed and fingerprinted by the city of Madison.

Just this week the Associated Press reports Uber was forced to introduce a panic button for their passengers on their app in India. This panic button will contact their local police department in case of their DRIVER attacking the passenger. This was a response to a city wide ban of Uber service in New Delhi after a woman was raped by her Uber driver. It has also been reported that the driver faced rape charges in 2011 but will still approved to drive for Uber.

All of this makes you wonder why a company valued at 41 billion dollars can't comply with Madison's taxi regulations

when little old Badger Cab, Green Cab, Union Cab and Madison Taxi have done so for years.

For the last year I have the privilege of being the President of what I believe to be the single greatest taxi company in America.

At Union Cab of Madison we share Madison's values. It's in our Vision Statement that we will "serve the community in a way that we are recognized as a sustainable asset and valued resource by all." Living our values is not always the easiest or most profitable thing to do. But we believe that we owe it to our community.

It's important to ask what these companies value and why they don't want to meet the basic requirements to protect our citizens.

For these reasons I am asking this committee to recommend that the council pass the alternate version of this ordinance that requires 24/7 city wide service, proper commercial insurance, and police conducted background checks for all TNCs and taxi companies in the City of Madison.

Thank You For Your Time

Uber introduces 'panic button' in India

San Francisco-based taxi firm's app will allow riders to notify police in case of emergency, and users to share location details with up to five people



A lawsuit in New Dehli alleges Uber is not doing enough to keep passengers safe. Photograph: David Ramos/Getty Images

Associated Press in New York

Monday 9 February 2015 07.08 EST

Uber is introducing two new safety features for riders in India in response to concerns about safety that followed a passenger reporting she had been raped by a driver.

The San Francisco-based taxi alternative company says it will launch a “panic button” in its ride-hailing app that allows riders to notify the police in case of an emergency, and a “safety net” feature that will allow users to share trip details and their location with as many as five other people.

Uber says it is also creating a local team that will respond to reports by riders and will get a notification when the panic button is pressed.

The company says the new features will be available on Wednesday. Uber did not say if the new features will be available in other countries, but said in an email that it will have more updates in the coming months.

Uber, valued at \$40bn, lets passengers summon cars through an app in more than 250 cities around the world. It faces multiple legal and regulatory challenges as it expands in the US and abroad.

An Uber passenger said she was raped by a driver in New Delhi in December, and sued the company in January. The lawsuit alleges Uber is not doing enough to keep passengers safe, and the company may also face charges if Indian prosecutors believe it misrepresented the

safety of its services.

The company says it plans to improve its safety programmes in 2015 and is looking for new ways to screen drivers.

In India, Uber has been banned in New Delhi, the southern technology hub of Hyderabad, and the entire southern state of Karnataka.

The Times of India said on Thursday that regulators in Mumbai also supported a ban, and that they want Uber to set up emergency support services, put panic buttons in cabs, and display phone numbers for the police and regional transportation office.

On its blog, Uber said the idea of a physical panic button wasn't feasible because it doesn't own the cabs. It added that buttons would be vulnerable to wear and tear and said that if it and other operators were forced to put buttons in cars, passengers might get confused in an emergency.

The company said it would support physical panic buttons if the owner of the vehicle were responsible for installing them and if the button called the police directly.

Is Uber the worst company in Silicon Valley?

Date: 02/11/15

CITY OF MADISON

Registration Statement – Transit and Parking Commission



You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. F2

Name DAVID ROSSING

Address _____

MADISON, WI 53703

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):

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

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 02/11/15

Signature David Rossing

Print Name DAVID ROSSING

Date: 2/11/15

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. F2

Name Mike Dentice
Address Madison

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

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)

Date: _____

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.



PLEASE PRINT CLEARLY

Name Carl Purocher

Address Williamson Street

Agenda No. F 2

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):

Empty box for comments with horizontal lines.

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

Empty lines for name, address, and telephone number.

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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Date 2/11/15

Signature

Print Name

Carl Durocher

Date: 2-11-15

CITY OF MADISON

Registration Statement – Transit and Parking Commission



You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. F2

Name Paul Bittorf
Address 2458 Pennsylvania Ave
Madison WI 53704

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):

[Empty lines for comments]

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

Union Cab of Madison 2458 Pennsylvania, 608-242-2000

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

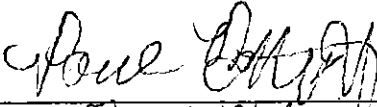
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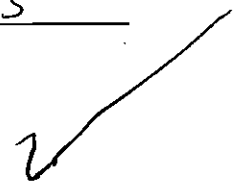
Date 2/11/05

Signature 
Print Name Paul Bittorf

Date: 2/11/15

CITY OF MADISON

Registration Statement – Transit and Parking Commission



You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name ADAM CHERN
Address MADISON 53703

Agenda No. F. 2.

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):

TNC

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

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

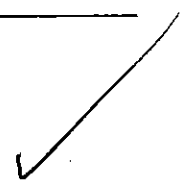
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: _____

CITY OF MADISON

Registration Statement – Transit and Parking Commission



You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Nick Andersen
Address 30 W Miffin

Agenda No. F2

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

Uber

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

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)

Date: 2/11/15

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Charlie Hoffmann
Address Madison, WI 53715

Agenda No. F-2

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):

UW student & in support of Uber

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

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

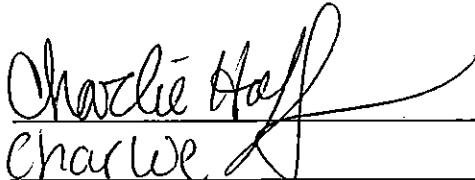
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 2/11/15

Signature 
Print Name Charlie Hoffmann

Date: 2/11/2015 ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. F-2

Name JIM COZZI
Address FITCHBURG, WI 53711

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):

PUBLIC SAFETY TAKING DRUNK DRIVERS HOME
WHEN CAR SERVICE COULD NOT DELIVER

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

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)

Date: 2/11/15

CITY OF MADISON

Registration Statement – Transit and Parking Commission



You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Kevin Nurm

Address Cambridge WI 53523

Agenda No. F.Z. 34016

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):

For all the reasons outlined by Mayor Soylin in his presentation on 2/11/15 I am in favor of amending code to include the rideshare companies under our local ordinances regulating taxi companies.

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

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.)

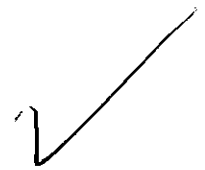
(SEE BACK)

Date: 2/11/14

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.



PLEASE PRINT CLEARLY

Name Alex Holland

Address Madison, WI 53703

Agenda No. _____

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

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

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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Date 2/10/14

Signature 
Print Name Alex Holland

Date: 2/11/15

CITY OF MADISON

Registration Statement – Transit and Parking Commission ✓

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 12

Name Haali Touray
Address Madison 53716

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):

A few reasons why I love Uter

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

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)

Date: 2/11/15

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name FRANK MATTINGLY
Address MADISON, 53704

Agenda No. F-2

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):

I SUPPORT MAJOR SOGLIN'S ALTERNATE PROPOSAL.

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

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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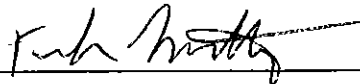
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Date 2/11/15

Signature 

Print Name FRANK MATTINELLI

Date: 2/11/15

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name

Jennifer Feyerherm

Address

Madison, WI 53711

Agenda No. Es. 34016

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):

I am here to urge Committee members to ensure a level playingfield for all taxi companies in Madison. Any new entrants to the taxi business must be held to the same standards and be required to comply with the same rules as existing companies - otherwise they will have an unfair competitive advantage, and Madison Residents will

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

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 2/11/15

Signature Jennifer Feyerherm
Print Name Jennifer Feyerherm

Comments Cont'd

Suffer. All companies must be held to the same safety standards, be required to serve all areas of the city, be required to provide service all hours of everyday, and serve individuals with disabilities as per the ADA. To allow companies such as Uber & Lyft to operate under less stringent rules and regulations will ~~do~~ penalize current companies that comply with rules and pay higher costs of doing business to do so.

Date: 2/11

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name JOAN KEMBLE

Address Madison 53704

Agenda No. F2

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):

Opposed to big unregulated "ride sharing"

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

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)