

Date: 5/13/15

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Public Hearing
Agenda No. G.1

Name SUSAN DEVOS
Address MIDVALE BLVD
53705

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)

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Name Lori Whitney

Address Melody Lane
Madison WI 53704

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

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Are you appearing as part of your other paid duties for this person or organization? Yes No

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PLEASE PRINT CLEARLY

Name PETER GASCOYNE

Address 1 FOX AVE
MADISON 53711

Agenda No. BUS 25 ELIMINATION

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):

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Are you appearing as part of your other paid duties for this person or organization? Yes No

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(SEE BACK)

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Agenda No. _____

Name Alex Wisher
Address W. Main St HC

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):

Proposed changes to Rt. 11 look OK at this point - want to see if any amendments to changes are being considered.

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

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Are you appearing as part of your other paid duties for this person or organization? Yes No

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(SEE BACK)

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PLEASE PRINT CLEARLY

Agenda No. eliminating Bus 25

Name Ameer Khalek
Address W Dayton St,
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

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

Oppose eliminating the single express route from downtown to American Parkway / American Family Insurance complex.

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)

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Agenda No. Busroute 12

Name Douglas Henderson
Address Waunona Way
Madison, WI 53713

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):

Appealed to the Waunona Way loop elimination.

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)

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Name David Toland

Address 1 Lakeland Ave
Madison WI 53704

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
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 Other Items 3 minutes

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

Dissapointed that ~~the service~~ Route 10 service is being discontinued to Spright, Rutledge, Division street. Any chance to decrease to once and hour into ~~campus~~ UW campus instead of discontinuing?

If only service is from Route 3, can you shift Willy St/Rutledge so Route 3 goes past Division/Rutledge at 9:50-10:00 AM?

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Are you appearing as part of your other paid duties for this person or organization? Yes No

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