

Date: 5/23/2017

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. F.I.  
crossing guards

Name MEAGAN McGARREY  
Address 3513 BURKE AVE  
53714

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak (if still here)
  - 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 A HAWTHORNE PARENT, leader of the Hawthorne Bike Club  
 AND I FULLY SUPPORT @ The continuation of our crossing guard  
 I have a difficult time crossing the street @ Lexington in  
 a crosswalk wearing bright colors. Many students walk themselves  
 to school, and I see them hesitate and dash across due to cars  
 not yielding. children in <sup>after school</sup> clubs look for an adult to help them across  
 Please keep our crossing guard

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

HAWTHORNE PTA 1 student body 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)

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

*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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*(Please go to the City Clerk's website [www.cityofmadison.com/clerk/index.html](http://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 \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 5/23/17

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

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PLEASE PRINT CLEARLY

Agenda No. F.1.

Name Sara Kiley  
Address 4605 Armistice Ln

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):

[Empty lines for comments]

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

Hawthorne Elementary PTA  
3344 Concord Ave, Madison  
204-2500

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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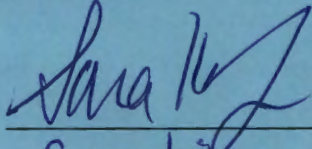
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Date 5/23/17

Signature   
Print Name Sara Kitey

Date: 5/23

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

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PLEASE PRINT CLEARLY

Agenda No. F1

Name Dawn Cunningham  
Address 710 Powers Ave  
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):

Don't want Guard at Lexington/Fair Oaks again - questioned  
- Dangerous!!!  
- Mobility - high Mobility of students - counts not  
- Equity issue compared to Schools consistent  
with less dangerous areas, older kids & more guard  
coverage that aren't questioned Annually

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

Hawthorne Elementary 31A - 3344 Concord Ave  
204-2500

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.)

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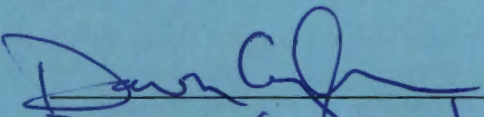
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Date 5/23/17

Signature   
Print Name Dawn Cunningham

Dept MPD - Traffic Bureau  
Crossing Guards Supervisor Date: 5/23/17

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

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PLEASE PRINT CLEARLY

Name Patricia Knoche  
Address 211 S-Carroll St  
Madison WI

Agenda No. F.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

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

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Signature \_\_\_\_\_

Print Name \_\_\_\_\_



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Agenda No. F.1.

Name Virginia Kravik  
Address 211 S. Carroll St  
MADISON WI 53703

*Crossing  
Guard  
Supervisor*

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
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Name, address and telephone number of each person or organization you are representing:

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_