<b>.</b> .	5/13/15
Date:	2//0//0

# Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY
Agenda No. 6.	Name SUSAN DEVOS Address MIDVATE BLVD 53705
Please check the appro	priate boxes:
Support Oppose Neither Su	and Wish to speak  Do not wish to speak  Available to answer questions
Speaking Limits:	Public Hearing
(If you answered "no,	representing an organization or a person other than yourself: Yes No 'STOP; you need not complete the rest of this form. If you answered "yes," provide the name below, and go on to the next question.)
COMMENTS RELA	TED TO THE ITEM ON THE AGENDA (optional):
Name, address and tele	phone number of each person or organization you are representing:
Are you being paid for	your representation?
	art of your other paid duties for this person or organization? Yes No STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

Date: <u>5</u>	13	2015	
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### Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
	Name Lori Whitney
Agenda No	AddressMelodyLane
	MadisonWI53704
Please check the appro	opriate boxes:
□ Support	and Wish to speak  Do not wish to speak
Oppose	Available to answer questions
	pport Nor Oppose
Speaking Limits:	Public Hearing
	Other Items3 minutes
(If you answered "no, of whom you represent	u representing an organization or a person other than yourself: Yes No "STOP; you need not complete the rest of this form. If you answered "yes," provide the name t below, and go on to the next question.)  TED TO THE ITEM ON THE AGENDA (optional):
Name, address and tele	ephone number of each person or organization you are representing:
Are you being paid for	your representation? Yes \( \square \) No
	eart of your other paid duties for this person or organization? Yes No Yes You need not complete the rest of this form. If you answered "yes," go on to the next

(SEE BACK)

Date:	5	13	15	
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# Registration Statement – Transit and Parking Commission

	PLEASE PRIN	NT CLEARLY				
1 1 V D 3 c c	Name	PETER ASCOYNE  1 FOX AVE				
Agenda No. Bus 25 Ed	Address	! Fox Ave				
		MADISON 53711				
Please check the appropriate l	oxes:					
Support	and					
Oppose		☐ Do not wish to speak  ☐ Available to answer questions				
Neither Support	Nor Oppose	XI Available to aliswel questions				
Inform	Hearing	inutes				
(If you answered "no," STOP	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.)					
		(4 N.				
COMMENTS RELATED T	O THE ITEM ON THE AGENDA	. (optional):				
,	===	<del> </del>				
	<del></del>					
,						
		<u>-</u>				
<u>.                                    </u>						
Name, address and telephone	number of each person or organization	on you are representing:				
Are you being paid for your re	presentation?	☐ Yes ☐ No				
	our other paid duties for this person o you need not complete the rest of th	or organization? Yes No No his form. If you answered "yes," go on to the ne				

Date: 5/	13	15	
Dutt			

# Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY
_	Name Alex Wingins HC
Agenda No.	Address Wingen SI HC
Please check the appropriate boxes:	
<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	and Wish to speak  Do not wish to speak  Available to answer questions
Speaking Limits: Public Hearing	3 minutes
At this meeting are you representing an organization (If you answered "no," STOP; you need not complete of whom you represent below, and go on to the next	lete the rest of this form. If you answered "yes," provide the name
COMMENTS RELATED TO THE ITEM ON T	THE AGENDA (optional):
Proposed changes to Rt 11 loc	okokat this Point- hant to range, are being considered.
So IF any amendments to Ch	ranges are being considered.
	·
	<u> </u>
<u> </u>	
Name, address and telephone number of each person	n or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duties f (If you answered "no;" STOP; you need not comple question.)	for this person or organization? Yes No ete the rest of this form. If you answered "yes," go on to the next

Date:	5/	13/	JS	

# Registration Statement – Transit and Parking Commission

<u> </u>	PLEASE PRINT CLEARLY
elininating	Name Ameer Khalek
Agenda No. Rus 25	Name Ameer Khalek Address W Dayton St
	Madison W1 53703
Please check the appropriate boxes:	
<ul><li>Support</li><li>✓ Oppose</li><li>Neither Support Nor Oppose</li></ul>	and Wish to speak  Do not wish to speak  Available to answer questions
Information Hearing	
At this meeting are you representing an organiz (If you answered "no," STOP; you need not co of whom you represent below, and go on to the	omplete the rest of this form. If you answered "yes," provide the name
COMMENTS RELATED TO THE ITEM O	
Oppose eliminating the	/ American Family Insurance complex
Name, address and telephone number of each pe	erson or organization you are representing:
	——————————————————————————————————————
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid dut (If you answered "no," STOP; you need not co question.)	ties for this person or organization? Yes No mplete the rest of this form. If you answered "yes," go on to the next

Date: 5/13/2015

#### **CITY OF MADISON**

## Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY
Name Douglass Handerson
Agenda No. Bus route 12 Address way
Agenda No. Bus route 12  Address  Madeson, WI 53713
Please check the appropriate boxes:
Support and ⊠ Wish to speak  Oppose □ Do not wish to speak  Neither Support Nor Oppose □ Available to answer questions
Speaking Limits: Public Hearing
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):
Appoint to the Gaunona way long elimination.
Name, address and telephone number of each person or organization you are representing:
Are you being paid for your representation?
Are you appearing as part of your other paid duties for this person or organization? Yes \[ \sum_{\text{No}} \] 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.)

Date: _	5	/13	15
_			

# Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY	
Name David Toland	
Agenda No Address Lakeland Are	
Madron W1 53704	-
Please check the appropriate boxes:	
Support and ☐ Wish to speak ☐ Oppose ☐ Neither Support Nor Oppose  □ Available to answer questions	
Speaking Limits: Public Hearing	
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 no of whom you represent below, and go on to the next question.)	ıme
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):	
Dissapointed that the sense Porte 10 service is being	
discontinued to spaight, Rutledge, Division street. Any chance to decrease to once and hour into computs UW canput instead of	
decrease to once and hour into computs UW canpus instead of	
1 1 \ 2 \ 7 \ 4	
If only service is from Route 3, con you shift Willy St/Rutledge so Route	3
Idiscontinung ? ? If only service is from Route 3, con you shift Willy St/Rutledge so Route goes part Division/Rutlege at 9:50-10:00 AM?	
Name, address and telephone number of each person or organization you are representing:	
	<del></del>
Are you being paid for your representation?	
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 nation.)	ext