Date:			

## Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
Agenda No. F4  Jenifer St Bus Stop	Name Gagle Gold  Address 1044 Jenifer St.  Madison 53703
Please check the appropriate boxes	<b>:</b>
Support Oppose Neither Support Nor	and Wish to speak  Do not wish to speak  Available to answer questions
Information	ing
At this meeting are you representing (If you answered "no," STOP; you of whom you represent below, and	g an organization or a person other than yourself: Yes No need not complete the rest of this form. If you answered "yes," provide the name go on to the next question.)
COMMENTS RELATED TO TI	HE ITEM ON THE AGENDA (optional):
·	
Name, address and telephone numb	er of each person or organization you are representing:
Are you being paid for your represe	entation? Yes No
	ther paid duties for this person or organization?  Yes No need not complete the rest of this form. If you answered "yes," go on to the next

(SEE BACK)

Date:		
		/

# Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	· · · · · · · · · · · · · · · · · · ·	PLEASE	PRINT CL	.EARLY		
		Name	DENA	1/5 C	HANDL	ER
Agenda No. <u>F</u>		Address	104	4 JE	NIFER	
				1A0130		
Please check the appr	opriate boxes:					
Support			and [	☐ Wish to spend of the spending of the spend		
Oppose Neither Su	ipport Nor Oppose				to answer ques	tions
Speaking Limits:	Public Hearing Information Hearing Other Items	***************************************	.3 minutes	S		
At this meeting are you representing an organization or a person other than yourself: Yes Vo (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 RELA	ATED TO THE ITEM ON T	HE AGE	NDA (opt	ional):		-
<del></del>		<del> </del>				
		<u> </u>			<del>-</del> ·	
<del></del>						
Name, address and tel	lephone number of each person	n or organ	ization yo	u are represen	ting:	
Are you being paid for	r your representation?				Yes Yes	☑ No
	part of your other paid duties in STOP; you need not complete				☐ Yes swered "yes,"	☑No go on to the next

(SEE BACK)

Date:	3/9/16	
	<del></del>	

## Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	<u> </u>	PLEASE PRIN	「CLEARLY		
	91	Name	PETER L	JOLF9-	
Agenda No.		Address	JEX	NEER	<u>57.                                    </u>
			52703		
Please check the appro	opriate boxes:				
☐ Support ☐ Oppose		and	Wish to spe	n to speak	
<del></del>	pport Nor Oppose		☐ Available to	o answer ques	tions
Speaking Limits:	Public Hearing Information Hearing Other Items	3 mir	nutes	,	•
(If you answered "no,	u representing an organizatio " STOP; you need not comp t below, and go on to the nex	lete the rest of th			☑ No provide the name
COMMENTS RELA	TED TO THE ITEM ON T	THE AGENDA	(optional):		
		·	<del></del>		
				<u> </u>	
	<del></del>				
				,	
Name, address and tele	ephone number of each perso	on or organization	ı you are represent	ing:	
Are you being paid for	your representation?			☐ Yes	☑ No
	part of your other paid duties "STOP; you need not compl			☐ Yes wered "yes,"	No go on to the next

(SEE BACK)

Date: 3/9/16

### **CITY OF MADISON**

# Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY
Agenda No. F. +  Name Larry Jensen  Address, Jenifer St  Madison 5370+
Please check the appropriate boxes:
Support Oppose Metro's recommendation for detour. Neither Support Nor Oppose  and Wish to speak Do not wish to speak 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):
Toppose Metro's recommendation of E.Wash detour, Residents would have to walk a great distance & cross E
Wash whon using the bus. The industrial corridor riders must cross is potentially dangerous, particularly at night
This detour will seriously reduce ridership & inconvenience riders. MNA is an record against this detous
This detour was not proposed at neighborhood meetings & would have been roundly criticized if it had been
Metro's reasons for rejecting Spaight W.W. Illiamson as detours are weak. Metro states buses are too heavy fo Spaight X humps will hurt buses. I think 6 months won't be aproblem. Metro states all parking would need to be noved from Williamson. No! Parking is already removed during ruch hourd stops could be every other block for detou
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 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: 3 - 9 - 1/6

### **CITY OF MADISON**

## Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

		PLEASE	PRINT CLEARLY	1	
		Name	JEFF	WALD	MAN
Agenda No	<u> </u>	Address	1050 5	PNIFER	<u> </u>
			MANIS	ENIFER	
Please check the appro	opriate boxes:				
Support Oppose Neither Sup	pport Nor Oppose		Do no	to speak ot wish to speak able to answer ques	stions
Speaking Limits:	Public Hearing Information Hearing Other Items		3 minutes		
(If you answered "no,	u representing an organizatio " STOP; you need not compl t below, and go on to the nex	ete the re:	st of this form. If yo	self:	No provide the name
COMMENTS RELA	TED TO THE ITEM ON I	HE AGE	NDA (optional):		
					<u></u>
Name, address and tele	ephone number of each perso	n or organ	ization you are rep	resenting:	·
Are you being paid for	your representation?			☐ Yes	₩o
	part of your other paid duties "STOP; you need not compl				No go on to the next

Date:	3-	9-16	

### Registration Statement – Transit and Parking Commission

V

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
Agenda No	Name Haron Derry Address S. Few St.
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 Information Hearing Other Items	3 minutes
At this meeting are you representing an organizal (If you answered "no," STOP; you need not come of whom you represent below, and go on to the new your present below.	nplete the rest of this form. If you answered "yes," provide the name
Detouring Willy St. Fair season, Rubber Matts make a bus pad for patrons Parting on Willy during Po Metro Travel times.	Detour of Jenniter St, bus Routes Detour alternative.  always happens, it is not a prohibished or other material could be used to s with wheelchairs. And Remaring Park times 630, -830 or 3p-630 should help
Name, address and telephone number of each per	son or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid dutie (If you answered "no," STOP; you need not comquestion.)	es for this person or organization? Yes No nplete the rest of this form. If you answered "yes," go on to the next