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CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

		PLEASE PRINT	CLEARLY	1/0	
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Agenda No.		Address 8	202 Higho	new Ar	apt 189
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Please check the appr	ropriate boxes:		/		
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Speaking Limits:	Public Hearing	5 mir	nutes		
	Information Hearing Other Items	3 mir	nutes		
(If you answered "no of whom you represent the COMMENTS REL. Gongested To Commerce West - Clase Tipl Shops - New Ept Corrections	10 alde, aldber Rentalstorage: 2,	te the rest of the question.) HE AGENDA (The guit a Farti ; I have Ho	is form. If you answ (optional): Ectrovic Sign 12 Lows & 12 op Mail & Re Lels Princeto	nollor Burley, 4 timent;	ner Walls & Lapt unels to Menester 3 uppomy
Name, address and te	lephone number of each person	or organization	n you are representing	ng:	
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Manageme	elephone number of each person LubL—Resident all nt &-			•	
Are you being paid for	or your representation?		AT TO SERVICE	Yes	No
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	ernmental body?	Yes ANO
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If you are b that:	being paid for your representation, or if your appearance	e is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or with the City Clerk.	your principal must file an authorization
2.	Your principal is not permitted to authorize you to City Clerk.	lobby unless you are registered with the
3.	If your principal spends or will owe more than \$1,0 period (half year), the principal must file expense 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	10/24/17 Signature Thomas	145 R. HuBZ
	Print Name Thon,	1AS K. HuBL





fax: 608.243 3237

www.elderspan.com



October 12, 2017

Alder Paul Skidmore 13 Red Maple Trail Madison, WI 53717

Dear Alder Skidmore.

This letter is to officially put into writing our grave concerns with the Watts Road and Commerce Drive intersection on Madison's west side. This is not about inconvenience or annoyance. This is about making a very dangerous intersection more safe.

Our concerns:

- 1. Drivers and pedestrians trying to cross Watts Road have to be watching four lanes (two each direction) of traffic that isn't obeying the posted 35 PR 30 mph speed limit.
- 2. Traffic in each of those four lanes can be doing a multitude of things continuing straight on Watts, turning left onto Commerce and turning right onto Commerce - from both directions. At least six different traffic scenarios are possible at one time.
- The construction project at the intersection has created more traffic on both Watts and Commerce, including large construction vehicles.
- 4. To complicate the situation, it's difficult to see the fast-moving traffic coming down the Watts Road hill by the Princeton Club.

These concerns are not just for the 300+ seniors who live at All Saints Neighborhood. These concerns are for drivers of every age. Many of our residents, staff and family members have had close calls and have complained to us about this dangerous situation.

Please let us know what more we can do to make putting signal lights at this intersection a priority for you and the City. The undersigned have read this letter and hate to think it will take a serious accident to finally wake everyone up to the severity of the situation.

Thank you for your prompt attention to this.

David Griffin, President

ElderSpan Management, LLC

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Date: 10-24-17

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY
+1	Name LeeAnn Glover
Agenda No. 上	Address 6000 American PKWX
E. Hilliam C.	madison, wi
Please check the appropriate boxe	s:
Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support No	Oppose
	ring5 minutes n Hearing
Other Item	s3 minutes
	ng an organization or a person other than yourself: Yes No u 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.)
	HE ITEM ON THE AGENDA (optional):
Request tratfic	c signal at American Pkwy and
	American Family Drive
TO A CONTRACTOR	
Name address and talanhana num	ber of each person or organization you are representing:
American Family	
	Dunie
6000 American	PRWY
madison, WI	608-242-4100
Are you being paid for your repres	
(If you answered "no," STOP; yo	other paid duties for this person or organization? Yes No No nu need not complete the rest of this form. If you answered "yes," go on to the next
question.)	

Are you an elected official or employee who is appearing other governmental body?		bearing solely on behalf of your office or for your municipality or Yes Yes
100	red "yes" to the question, STOP. You answered "no" to the question, go	need not complete the rest of this form, except that you must sign on to the next question.)
If you are being that:	ng paid for your representation, or	f your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as with the City Clerk.	lobbyist, you or your principal must file an authorization
2.	Your principal is not permitted to City Clerk.	authorize you to lobby unless you are registered with the
3.		e more than \$1,000 for lobbying services in any reporting nust file expense statements with the City Clerk for the
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)		
Date <u>1012</u>	Signature Print Nar	

Date: 10-24-17

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY
Agenda No. <u>E</u>	Name Jane Grabouski-Miller Address 6000 American Fluy
Please check the appro	priate boxes:
Support Oppose Neither Sup	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.)
	TED TO THE ITEM ON THE AGENDA (optional): traffic signal at *American Pkwy and American Family Dri
	ephone number of each person or organization you are representing:
American	Family Insurance
6000 AM	nevican Pkwy
madison, 1	WI 242-4100
Are you being paid for	your representation? Yes No
	part 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

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or

Yes

(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 that:	u are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised	
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	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	
	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?	
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)	
Date	10:3	Signature Sun Distribution Signature Sune Grabouski-Miller	

other governmental body?

Date: 16/24/07

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY
Agenda No.	Name Justin Dolson Address 1951 Heath Ans
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
Information Hearing	
	anization or a person other than yourself: Yes No No ot complete the rest of this form. If you answered "yes," provide the name the next question.)
COMMENTS RELATED TO THE ITEM	
Name, address and telephone number of each	ch person or organization you are representing:
Are you being paid for your representation	?
Are you being paid for your representation? Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.)	

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
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Date	19	Signature Print Name These Dates