

# COMMISSION / COMMITTEE REGISTRATION FORM



COMMISSION/COMMITTEE Board of Public Works DATE 7/17/19  
SUBJECT/ADDRESS/TOPIC 56 Small Cells AGENDA ITEM NO. \_\_\_\_\_

YOUR NAME LISA Luedtke YOUR ADDRESS 746 W Main # 308  
(53715)

Please check the appropriate boxes:

☐ SUPPORT

- ☐ Wish to speak (3 min. limit)
- ☐ Do not wish to speak
- ☐ Available to answer questions

☐ OPPOSE

- ☐ Wish to speak (3 min. limit)
- ☐ Do not wish to speak
- ☐ Available to answer questions

☒ NEITHER SUPPORT NOR OPPOSE

- COMMENTS in writing
- ☐ Wish to speak (3 min. limit)
  - ☒ Do not wish to speak
  - ☐ Available to answer questions

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," **go on to the next questions on the back side of this form.**



## COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE	<u>BPW</u>	DATE	<u>7/17/19</u>
SUBJECT/ADDRESS/TOPIC	<u>SMALL CELL BPW</u>	AGENDA ITEM NO.	

YOUR NAME	<u>Carol S. Enseli</u>	YOUR ADDRESS	<u>4929 Whitcomb Drive, Apt. 14, Madison, WI 53711</u>
Please check the appropriate boxes:			
<input type="checkbox"/> SUPPORT	<input checked="" type="checkbox"/> OPPOSE	<input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE	
<input type="checkbox"/> Wish to speak (3 min. limit)	<input checked="" type="checkbox"/> Wish to speak (3 min. limit)	<input type="checkbox"/> Wish to speak (3 min. limit)	
<input type="checkbox"/> Do not wish to speak	<input type="checkbox"/> Do not wish to speak	<input type="checkbox"/> Do not wish to speak	
<input type="checkbox"/> Available to answer questions	<input type="checkbox"/> Available to answer questions	<input type="checkbox"/> Available to answer questions	

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," **go on to the next questions on the back side of this form.**



## COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE	<u>Public Works</u>	DATE	<u>7-17-19</u>
SUBJECT/ADDRESS/TOPIC	<u>Small Cell Technology</u>	AGENDA ITEM NO.	

YOUR NAME	<u>Ron SHUTVET</u>	YOUR ADDRESS	<u>925 LAKE ST</u>
Please check the appropriate boxes:			
<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE	<input checked="" type="checkbox"/> NEITHER SUPPORT NOR OPPOSE	
<input type="checkbox"/> Wish to speak (3 min. limit)	<input type="checkbox"/> Wish to speak (3 min. limit)	<input checked="" type="checkbox"/> Wish to speak (3 min. limit)	
<input type="checkbox"/> Do not wish to speak	<input type="checkbox"/> Do not wish to speak	<input type="checkbox"/> Do not wish to speak	
<input type="checkbox"/> Available to answer questions	<input type="checkbox"/> Available to answer questions	<input type="checkbox"/> Available to answer questions	

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," **go on to the next questions on the back side of this form.**