



# 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:

<input type="checkbox"/> <b>SUPPORT</b> <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> <b>OPPOSE</b> <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input checked="" type="checkbox"/> <b>NEITHER SUPPORT NOR OPPOSE</b> <u>COMMENTS in writing</u> <input type="checkbox"/> Wish to speak (3 min. limit) <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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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 BPW DATE 7/17/19  
 SUBJECT/ADDRESS/TOPIC SMALL CELL BPW AGENDA ITEM NO. \_\_\_\_\_

YOUR NAME Carol S. Enseli YOUR ADDRESS 4929 Whitcomb Drive, Apt. 14, Madison, WI 53711

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input checked="" type="checkbox"/> OPPOSE <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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# COMMISSION / COMMITTEE REGISTRATION FORM

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

YOUR NAME Ross SHUTVET YOUR ADDRESS 925 LAKE ST

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input checked="" type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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