



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Engineering DATE _____

SUBJECT/ADDRESS/TOPIC Interim Small Cell Design AGENDA ITEM NO. _____

YOUR NAME Ateya Ismail YOUR ADDRESS 1500 Sunrise Ln, Belleville WI

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 checked="" 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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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 _____ DATE 7/31

SUBJECT/ADDRESS/TOPIC Cell Towers AGENDA ITEM NO. 7

YOUR NAME Ann Helmer YOUR ADDRESS _____

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 _____ DATE _____

SUBJECT/ADDRESS/TOPIC _____ AGENDA ITEM NO. _____

YOUR NAME Sarah Conyle YOUR ADDRESS 4005 Maher Ave

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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No At this meeting are you representing an organization or a person other than yourself? Yes No

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COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____ DATE 7/31/19

SUBJECT/ADDRESS/TOPIC cell towers AGENDA ITEM NO. _____

YOUR NAME Liza White YOUR ADDRESS 6010 Junction Rd

Please check the appropriate boxes:

<input checked="" type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input checked="" type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions	<input 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 Board of Public Works DATE 7/31/19
 SUBJECT/ADDRESS/TOPIC 46/56 Densification / small cell AGENDA ITEM NO. 7

YOUR NAME Jennifer Reinfeld YOUR ADDRESS 5089 Irish Ln.

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 _____ DATE 7/31
 SUBJECT/ADDRESS/TOPIC Cell Towers AGENDA ITEM NO. 7

YOUR NAME Peter Hoppmann YOUR ADDRESS 3102 Lakeland

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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