

☐ Yes

☐ No

COMMISSION / COMMITTEE REGISTRATION FORM

Name and the state of the state		
COMMISSION/COMMITTEE BPW	J	DATE 3/2/16
SUBJECT/ADDRESS/TOPIC	FRIN ST.	AGENDA ITEM NO. S
YOUR NAME GRANT FOSTO	EL YOUR ADDRESS	5330 Auchor Dr
Please check the appropriate boxes:		•
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At this meeting are you representing an organization or a person other than yourself? 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 / COMMIT	TEE REGISTRATION FO	ORM Madison
COMMISSION/COMMITTEE Ba	L WILD 11900 KC	7/2/6
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☐ Do not wish to speak	Do not wish to speak	☐ Do not wish to speak
☐ Available to answer questions	Available to answer questions	Available to answer questions

If you answered "no," **STOP**; you need not complete the rest of this form.

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