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|-------|---|
| Date: | |

| Registration Statement - Water Utility Board |
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| Please Print PLEASE PRINT CLEARLY |
| Agenda No General Comments Name Vi Bergum Address 4718 Retana Dr. Madison, Wi 53714 |
| Please check the appropriate boxes: |
| Support Oppose Oppose Neither Support Nor Oppose and Wish to speak 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," provide the name of who you represent and go on to the next question.) |
| Name, address and telephone number of each person or organization you are representing: |
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| Are you being paid for your representation? |
| Are you appearing as part of your other paid duties for this person or organization? 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 question.) |
| Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing |

| | CITY OF MADISON |
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| Registration Statement | Water Utility Board |
| Please Print | PLEASE PRINT CLEARLY |
| Agenda No. PUSIE Commed | Name Jon Eckharett Address Zo Elejhal Ch John Redchardtin |
| Please check the appropriate boxes: | |
| Support Oppose Neither Support Nor Oppose At this meeting are you representing an organ (If you answered "no," STOP; you need not of | and Wish to speak Do not wish to speak Available to answer questions ization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name |
| of who you represent and go on to the next qu | |
| Name, address and telephone number of each | person or organization you are representing: |
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| Are you being paid for your representation? | ☐ Yes ☐ No |
| Are you appearing as part of your other paid d (If you answered "no," STOP; you need not a question) | uties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next |

Date: _

Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes

Speaking Limits:

5:31:20

| Date: | 7.24.2012 | |
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CITY OF MADISON

Registration Statement -Water Utility Board Please Print PLEASE PRINT CLEARLY nneliese Emerson Name Address Please check the appropriate boxes: Wish to speak Support and Do not wish to speak Oppose 5 mart meters Available to answer questions Neither Support Nor Oppose 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," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Yes Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Public Hearing (Common Council) 5 minutes Speaking Limits: Other Items 3 minutes

5:11:40

Date: 7-24-17

| Registra | tion Statement | Water Utility | Board | | | |
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| Agenda No. Xeu | Sument | Address | 1818 Win | chest e | 27061 | |
| Please check the app | ropriate boxes: | | aacon | 10105 | 7107 | |
| Support Oppose | | and | Do not wi | sh to speak | • | |
| Neither Su | upport Nor Oppose | | Available | to answer quest | 10ns | |
| (If you answered "no of who you represent | ou representing an organication, "STOP; you need not contain and go on to the next que elephone number of each process. | omplete the rest of t estion.) | his form. If you an | swered "yes," p | ∏ No orovide the | : nam |
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| Are you being paid fo | or your representation? | | | ☐ Yes | No. | |
| | part of your other paid du," STOP; you need not co | | | ☐ Yes swered "yes," § | No go on to the | e nexi |
| Speaking Limits: | Public Hearing (Commo Information Hearing Other Items | 3 mi | nutes | | | • |
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5:33:50

end of the line

Date: July 24, 2012

| Registration Statement | t - Water Utility Board |
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| | COMMITTEE |
| Please Print | |
| riease rimit | PLEASE PRINT CLEARLY |
| | Name Catherine Kleiber |
| Agenda No. Public Comment | Name Catherine Kleiher Address N9387 Riveryvew Dr. |
| | Waterloo, WI 53594 |
| Please check the appropriate boxes: | |
| Support | and Wish to speak |
| Oppose | Do not wish to speak |
| Neither Support Nor Opp | Available to answer questions |
| | |
| | organization or a person other than yourself: Yes No |
| of who you represent and go on to the nex | not complete the rest of this form. If you answered "yes," provide the name are question) |
| of who you represent that go on to the hex | n question, |
| Name, address and telephone number of e | each person or organization you are representing: |
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| Are you being paid for your representation | on? |
| | naid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next |
| question.) | |
| Speaking Limits: Public Hearing (Co | Common Council)5 minutes |
| Speaking Limits: Public Hearing (Co Information Hearing | Common Council)5 minutes ing3 minutes3 minutes |

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| Date: | 7 | 124 | /12_ |
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| Registration Statement | Water Utility Board | |
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| | COMMITTEE | |
| Please Print | PLEASE PRINT CLEARLY | |
| Agenda No. Geroaal Pehlic | Name Longs Kozpusko Address 1/39 Paulinus Ave MADIGON, WIS | |
| Please check the appropriate boxes: | 14(11013014, 1415 | |
| SupportOpposeNeither Support Nor Oppose | and Wish to speak Do not wish to speak Available to answer questions | |
| At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu | nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the uestion.) | ге пате |
| Name, address and telephone number of each | person or organization you are representing: | |
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| Are you being paid for your representation? | ☐ Yes ☑ No | |
| Are you appearing as part of your other paid of (If you answered "no," STOP; you need not a question.) | luties for this person or organization? | the next |
| Information Hearing | non Council)5 minutes 3 minutes 3 minutes | • |

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| Date: | | |

| Registra | tion Statement | Water | Utility B | oard | | | · | |
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| Agenda No | | Ad | dress 30 | 3 S. | Dickins | an (| 5+#1 | |
| | | | Ma | dison | chalski Dicki ns 537 | 03 | • | |
| Please check the app | propriate boxes: | | | | · · · · · · · · · · · · · · · · · · · | | | |
| Support Oppose | | ·. | and | 🔲 Do n | n to speak not wish to sp | | • | |
| Neither S | apport Nor Oppose | | | Avai | lable to answ | er questi | lons | |
| (If you answered "no of who you represen | you representing an organ o, "STOP; you need not t and go on to the next que elephone number of each | complete tl estion.) | he rest of thi | is form. If y | ou answered | | ☒ No provide the na | ıme |
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| Are you being paid f | or your representation? | | | | | Yes | ⊠'No | |
| | part of your other paid on, "STOP; you need not | | | | | | No No on to the na | exi |
| Speaking Limits: | Public Hearing (Comn Information Hearing Other Items | ••••• | 3 min | utes | | , | | |
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Date: July 24'12

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| Please Print | <u> </u> | PLEASE | PRINT CLEARLY | | |
| gener | al. | Name | Sue Pas | | |
| Genuz Agenda No. <u>Pub</u> Com | blic | Address | 2502 Gr | een Red | e Pring |
| CON | meng | | MADRO | NWIE | ge Dring 53704 |
| Please check the app | propriate boxes: | | | · | |
| Support | | • , | and Wish to s | | • |
| Oppose | | | | rish to speak e to answer que | etions |
| Neither S | upport Nor Oppose | | Available | to answer que | SHOHS |
| (If you answered "n of who you represen | you representing an organizat o," STOP; you need not com t and go on to the next questi elephone number of each per | plete the rest on.) | of this form. If you a | nswered "yes,' | DNO ' provide the name |
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| : | | | | | |
| Are you being paid f | or your representation? | | | Yes | □ No |
| | s part of your other paid dutie o, " STOP; you need not com | | | ☐ Yes nswered "yes,' | ☐ No " go on to the next |
| Speaking Limits: | Public Hearing (Common | | | | |
| | Information Hearing Other Items | | | | |

| | Date: |
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| 458:15 | CITY OF MADISON |
| Registration Statement | Water Utility Board |
| Please Print | PLEASE PRINT CLEARLY |
| Agenda No. 2 242 gw | Name Inegen Portein |
| Agenda No. | Name Jusquer Porteur Address 114 Alber Dr. Madison WI 53705 |
| Please check the appropriate boxes: Support | and Wish to speak Do not wish to speak |
| Oppose Neither Support Nor Oppose | Available to answer questions |
| At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu | complete the rest of this form. If you answered "yes," provide the nam |
| Name, address and telephone number of each | person or organization you are representing: |
| | - |
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(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

⊠ No

☑ No

Yes Yes

Yes

Are you being paid for your representation?

question.)

Speaking Limits:

Are you appearing as part of your other paid duties for this person or organization?

Public Hearing (Common Council) 5 minutes

 5 20

Date: 1/15/52

| Registration Statement - Water Utility Board |
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| Please Print PLEASE PRINT CLEARLY |
| Agenda No. Public Comment Address 1311 Lake Wens Are Wadton w 53700 |
| Please check the appropriate boxes: |
| Support Oppose Neither Support Nor Oppose and Wish to speak 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," provide the nam of who you represent and go on to the next question.) |
| Name, address and telephone number of each person or organization you are representing: Midwest Evivorumentee Traffa Organization |
| |
| 1301 Cape Ven Ale 1 Madr ha 537-09 |
| Are you being paid for your representation? |
| Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the nex question.) |
| Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing |

| Date: | 7 | 24 | (1Z | |
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| Registration Statement - | Water Utility Board |
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| | COMMITTEE |
| Please Print | PLEASE PRINT CLEARLY |
| O | Name Manz Powell |
| Agenda No. YNBLIC | Address 1811 Lake Vica Ave |
| comment | Madison WI 53704 |
| Please check the appropriate boxes: | |
| Support | and Wish to speak |
| Oppose | Do not wish to speak Available to answer questions |
| Neither Support Nor Oppos | se |
| At this meeting are you representing an organism (If you answered "no," STOP; you need not of who you represent and go on to the next of | t complete the rest of this form. If you answered "yes," provide the name |
| Name, address and telephone number of eac | h person or organization you are representing: |
| - See Attached | comments! |
| | |
| Are you being paid for your representation? | ☐ Yes ☒ No |
| Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.) | duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next |
| | ımon Council)5 minutes |
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| Registra | ition Statement | Water Util | ity Board | | · · · · · · · · · · · · · · · · · · · |
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| Please Print | Public Speaking | COMMITTEE | PRINT CLEARLY | | |
| | | PLEASE | PRINT CLEARLY | 138 | 7 pm |
| | • • | Name | NANCY S | 4 11 10 610 | |
| Agenda No | | Address | 2206 CAC | YP50 18 | <i>O</i> |
| | | | MADISON | 1 W1 53 | 704 |
| Please check the ap | propriate boxes: | | | | |
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| Support | | | and Wish to | speak wish to speak | • |
| Oppose | | | | le to answer ques | tions |
| Neither S | upport Nor Oppose | . | | | |
| At this meeting are | you representing an organ | ization or a para | on other than wavenal | f: Yes | ΠNo |
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| Name, address and t | elephone number of each | person or organ | ization you are repres | enting: | |
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| Are you being paid t | for your representation? | • | | Yes | □No |
| and your outing para. | | | | | 140 |
| | s part of your other paid d | | | | □ No |
| (If you answered "n question.) | o," STOP; you need not d | complete the res | t of this form. If you o | ınswered "yes," | go on to the next |
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| Speaking Limits: | Public Hearing (Comm | | | | |
| | Information Hearing Other Items | | 3 minutes | | |
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