Date: 2/28/12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE
Please Print PLEASE PRINT CLEARLY, Name Joh Eckhardt Address 20 Everylede Gircle Market Col 53717
Please check the appropriate boxes:
Support Oppose Neither Support Nor Oppose 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:
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

Date: 8/28/1.2

6.31:40

CITY OF MADISON

Registration Statement	Water Utility Board	
	COMMITTEE	
Please Print		
	PLEASE PRINT CLEARLY	
	Name 57m Powell	
Agenda No	Name 51m Povell Address 1311 Lake Mer A	٠٠
	Meaum wi s	-37 c y
Please check the appropriate boxes:		
☐ Support	and Wish to speak	
Oppose	Do not wish to speak	
Neither Support Nor Oppose	e Available to answer question	S
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 que Name, address and telephone number of each	complete the rest of this form. If you answered "yes," prouestion.)	No vide the name
		;
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.)	duties for this person or organization?] No on to the next
Information Hearing	mon Council)5 minutes	

1:10	Date: 8/28 (17
6:34:10 6:37:10 6:3 Registration Statement	CITY OF MADISON
6. 3 Registration Statement	Water Utility Board
	COMMITTEE
Please Print	·
	PLEASE PRINT CLEARLY
	Name Maria Powell
Agenda No.	
	Madison WI 53704
Please check the appropriate boxes:	
ricase check the appropriate boxes.	
☐ Support	and 🗡 Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organical (If you answered "no," STOP; you need not confirm of who you represent and go on to the next que Name, address and telephone number of each	complete the rest of this form. If you answered "yes," provide the name estion.)
1	
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid di (If you answered "no," STOP; you need not a question.)	uties for this person or organization? Yes No omplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Comm	on Council)5 minutes

6:57:20

Date: 8-28-12)

CITY OF MADISON

Registration Statement	Water Utility Board
Please Print	PLEASE PRINT CLEARLY
Agenda No. <u>\\3</u>	Name DOLORES KESTER Address 1818 Winchester St Madwon W153704
Please check the appropriate boxes:	
At this meeting are you representing an organ	wish to speak Le Les Cuele Do not wish to speak A Peace Available to answer questions nization or a person other than yourself: complete the rest of this form. If you answered "yes," provide the name uestion.)
Name, address and telephone number of each	n person or organization you are representing:
1	
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 not question.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing.	mon Council)5 minutes3 minutes3 minutes