

Date: 6/26 ✓

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. 6

PLEASE PRINT CLEARLY

Name

Jon Eckhardt

Address

20 Everglade Ct
Madison WI 53712

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 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

☒ No

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.....3 minutes

Other Items.....3 minutes

(SEE BACK)

4:54

Date: 10/26/12

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name RON GARCIA

Address 7402 COTTAGE GROVE RD
MADISON, WI 53718

Please check the appropriate boxes:

☒ **Support** UNDER PROTEST
☐ **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:

Are you being paid for your representation? ☐ Yes ☒ No

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.....3 minutes
Other Items.....3 minutes

(SEE BACK)

Date: 6/25/12

CITY OF MADISON 4:55

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. other

PLEASE PRINT CLEARLY

Name

Dawn Garcia

Address

7402 Cottage Grove Rd

Madison, WI 53718

Please check the appropriate boxes:

☒

Support

under protest

☐

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:

Are you being paid for your representation?

☐ Yes

☒ No

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.....3 minutes

Other Items.....3 minutes

(SEE BACK)

4:58 Date: 6 26 12 ✓

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. 63?
Public Comment

PLEASE PRINT CLEARLY

Name Lundy Theris
Address 9101 Mineral pt rd
Verona Wis

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 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 ☒ No

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.....3 minutes
Other Items.....3 minutes

(SEE BACK)

5
Date: 6-26-12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. 6

PLEASE PRINT CLEARLY

Name TOM JEGGAZ
Address 1912 Stwood Ave
Madison #302

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 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:

oppose or access
ordinance

Are you being paid for your representation? ☐ Yes ☒ No

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.....3 minutes
 Other Items.....3 minutes

(SEE BACK)

5:02

Date: 6/25/12

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. 6 of OTHER

PLEASE PRINT CLEARLY

Name ROBIN CARLEY
Address 2398 SHERIDAN DR.
MADISON, WIS.

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 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 ☒ No

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..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

5:07 pm

Date: 6/26/12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. 6

PLEASE PRINT CLEARLY

Name

Christine Makey

Address

1830 Thorstrand Rd
Madison, WI 53705

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 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

☒ No

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..... 3 minutes

Other Items..... 3 minutes

(SEE BACK)

5:12 PM

V

Date: 6-26-12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

ofc com 12
Agenda No. _____
PRIVATE WELL DR.

PLEASE PRINT CLEARLY

Name ARNOLD DANL II
Address 5021 VOGES RD.
MADISON, WIS. 53718

Please check the appropriate boxes:

☒ Support len 6
☒ ~~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:

Are you being paid for your representation? ☐ Yes ☒ No

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.....3 minutes
Other Items.....3 minutes

(SEE BACK)

Date: 6/26/12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. <u>#6</u> <u>1307</u>

PLEASE PRINT CLEARLY

Name Tom Link
Address 1111 Willow Ln

Please check the appropriate boxes:

☒ **Support** *in protest*
☐ **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:

Are you being paid for your representation? ☐ Yes ☒ No

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 Hearing3 minutes
Other Items3 minutes

(SEE BACK)

5:41

✓

Date: June 26, 12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. 6?
Public Comment

PLEASE PRINT CLEARLY

Name Laverne Theis
Address 8821 Mineral PT Verona Wis 53593

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 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 ☒ No

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.....3 minutes
Other Items.....3 minutes

(SEE BACK)

Date: 6/26/12 ✓

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name Terry Cohn
Address 5409 Fernrite Dr.
Madison, WI

Please check the appropriate boxes:

☒ **Support** *in protest*
☐ **Oppose** *opposition*
☐ **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:

Are you being paid for your representation?

☐ Yes ☒ No

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 3 minutes
Other Items 3 minutes

(SEE BACK)

5:37:30

✓

Date: 6/26/12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

File #
Agenda No. 26629
item #6

PLEASE PRINT CLEARLY

Name Tom Link
Address 1111 Willow Lane

Please check the appropriate boxes:

☒ **Support** in protest
☐ **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:

1111 Willow Lane
Madison, WI 53705

Are you being paid for your representation?

☐ Yes ☒ No

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..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

6

4:50:30

Date: 6-26-2012

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 6

Name

G. MICHAEL BERGMANN

Address

302 TROY DR.

MADISON, 53704

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 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

☐ No

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..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

5:13 pm

Date: 6-25-12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 20629 6

and public comment

Name Claire & Olvi Mangasarian

Address 6021 Old Middleton Rd
Madison, WI 53705

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 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

☒ No

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..... 3 minutes
Other Items..... 3 minutes

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(SEE BACK)

5:29:50 PM

Date: 6/25/12

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No.

26629
#6

PLEASE PRINT CLEARLY

Name

Craig Nauman

Address

1821 Thorstrand Rd.
Madison, WI 53705

Please check the appropriate boxes:

☒

Support

in protest

☐

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:

Are you being paid for your representation?

☐ Yes

☒ No

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..... 3 minutes

Other Items..... 3 minutes

(SEE BACK)

5:33:15

✓

Date: 6/25/12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. URWAADVA 6

Name

Terry Cohn

Address

2130 5409 Femrite Dr.

Madison

Please check the appropriate boxes:

☒

Support *in protest*

☐

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:

Are you being paid for your representation?

☐ Yes

☒ No

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..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

✓

Date: 25 June 2012

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. 6

PLEASE PRINT CLEARLY

Name

CRAIG MICHAEL JACKSON

Address

1729 SHERIDAN DR.

MADISON, 53704

Please check the appropriate boxes:

☒
☐
☐

Support, in protest

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:

Are you being paid for your representation?

☐ Yes

☒ No

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..... 3 minutes

Other Items..... 3 minutes

(SEE BACK)



Date: 6/25/12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. ~~26629~~ 6

PLEASE PRINT CLEARLY

Name Christine Makey
Address 1830 Thorstrand Rd
Madison, WI 53705

Please check the appropriate boxes:

☒ **Support** *IN PROTEST*
☐ **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:

Are you being paid for your representation? ☐ Yes ☒ No

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..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

5:38 PM

Date: 6/25/12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name Terry Hollenback
Address 5709 Lake Mendota Dr.
Madison, WI 53705

Please check the appropriate boxes:

- ☒ **Support** *in protest*
☐ **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:

Are you being paid for your representation? ☐ Yes ☒ No

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 3 minutes
Other Items 3 minutes

(SEE BACK)