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Date:	C	26	
	- ,		

Registration Statement -	Water Utility Board
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Jon Eckherch
Ageilua No.	Address 20 Elegal Cr
Please check the appropriate boxes:	1. 1211 (32 (4) \$ 3714
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 orga (If you answered "no," STOP ; you need not of who you represent and go on to the next q	t complete the rest of this form. If you answered "ves." provide the name
Name, address and telephone number of each	h person or organization you are representing:
*:	
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

4:54

Date: 10/210/12

Registra			ility Board	
Dloogo Drint	CON	MMITTEE		
Please Print	į.	PLEASE	SE PRINT CLEARLY	
	·	Name	RON GONECIA	
Agenda No		Address	ss 7462 COTTACKE GROVE ZI	C
			MADIGON, WI. 53T18	
Please check the ap	propriate boxes:			
Oppose	UNDER PROTEST		and Wish to speak Do not wish to speak Available to answer questions	
(If you answered "n of who you represer	nt and go on to the next questio	olete the res	erson other than yourself: Yes No rest of this form. If you answered "yes," provide anization you are representing:	
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Are you being paid	for your representation?	. •	Yes No	
Are you appearing a (If you answered "n question.)	as part of your other paid duties to," STOP; you need not comp	s for this pe plete the re	person or organization? Yes No rest of this form. If you answered "yes," go on to	the next
Speaking Limits:	Public Hearing (Common Conformation Hearing	• • • • • • • • • • • • • • • • • • • •	3 minutes	

Date: 6/25/12.

CITY OF MADISON

Registration Statement - Water Utility Board COMMITTEE

Please Print		DIEACE	E PRINT CLEARLY			
		Name	Dann gare	(a)		
Agenda No. OH	NCR	Address	7402 Cottay	e grou	reld	
			Daun gare 7402 Cottag Madison wi	53718		
Please check the app	propriate boxes:		<i>.</i>	•		
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Support	under prolest		and Wish to spea			
Oppose			Do not wish			
	upport Nor Oppose		Available to	answer que	stions	
(If you answered "n of who you represen	you representing an organization of the compact of the compact of the sext question of each personal p	lete the res n.)	st of this form. If you answ	ered "yes,"	☐ No ' provide th	e name
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Are you being paid f	or your representation?			Yes	⊠ No	
	s part of your other paid duties o," STOP ; you need not comp			☐ Yes vered "yes,'	⊠No '' go on to ti	he next
Speaking Limits:	Public Hearing (Common C Information Hearing	•••••	3 minutes			

1.58	Date:	6	26	12	
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Registration Statement -	Water Utility Board
Please Print	COMMITTEE
Trease Fint	PLEASE PRINT CLEARLY
(3 ?	Name Randy Theis Address 910: Mineral pt Rd Verong Wis
Agenda No. 67? Public Comment	Address 9/01 Mineral pt Rd
Public Comment	Verona Wis
Please check the appropriate boxes:	
SupportOpposeNeither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP ; you need not of who you represent and go on to the next q	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name uestion.)
Name, address and telephone number of each	h person or organization you are representing:
6	
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 minutes

Date: 6-26-6

Registrat	ion Statement - <u>\</u>	Nater Utility E	3oard		•
_	C	OMMITTEE			
Please Print	<u>, </u>				
		PLEASE PRIN	IT CLEARLY	_	
6		Name	TOM I	EGGA	72
Agenda No		Address	1912 N	twood	d Ave
			$\mathcal{M}_{\mathcal{A}}$	sdi Do	× # 30
Please check the appr	opriate boxes:				
☐ Support		and	Wish to spe	ak	
Oppose		und	Do not wish		
	pport Nor Oppose			answer questi	ons
rectified Su	pport 1101 Oppose		•		
	ou representing an organiza			Yes	☐ No
	," STOP; you need not con		his form. If you answ	wered "yes," p	rovide the name
of who you represent	and go on to the next quest	tion.)			
Name, address and tel	lephone number of each pe	rson or organizatio	on you are represent	ing:	
O k	obuse &	acces	5		
	Or S	àrou	<i>ao</i>		
Are you being paid fo	r your representation?			☐ Yes	No
Are you appearing as (If you answered "no, question.)	part of your other paid dut "STOP; you need not con	ies for this person on the second confidence the rest of the second confidence in the second con	or organization? his form. If you ans	Yes wered "yes," g	No so on to the next
Speaking Limits:	Public Hearing (Common				
	Information Hearing	3 mi	nutes		
	Other Items	3 mi	nutes		

5.03

Date: 6/25/12

Registrat	ion Statement -	Water Utility Board	
Please Print	· · · · · · · · · · · · · · · · · · ·	COMMITTEE	
		PLEASE PRINT CLEARLY	
	<i>f</i>	Name ROBIN CARLEY	
Agenda No.	J OTHER_	Address 2398 SHERIDAN DR. MADISENI WIS.	
		MADISEN WIS,	
Please check the app	ropriate boxes:		
Support Oppose Neither St	ipport Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions	
(If you answered "no of who you represent	o," STOP; you need not and go on to the next q	anization or a person other than yourself: Yes No t complete the rest of this form. If you answered "yes," provide the na question.) ch person or organization you are representing:	<i>т</i> е
1			*.
Are you being paid fo	or your representation?	☐ Yes	
		duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the n	ıexi
Speaking Limits:	Information Hearing.	nmon Council)5 minutes 	

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Date:	126	11	2	
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Registra	ition Statement -	- Water Utility Board
Please Print		PLEASE PRINT CLEARLY
Agenda No)	Name Christine Makey Address 1830 Thorstrand RO Maclison, W1 53705
Please check the ap	propriate boxes:	
Support Oppose Neither S	upport Nor Oppo	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "n of who you represen	to," STOP; you need not and go on to the next	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name t question.) ach person or organization you are representing:
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Are you being paid	for your representation?	? Yes No
		id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	ommon Council)5 minutes g3 minutes3 minutes

5.12 Pm

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Date:	_6	-d-6	>	مل

Registration Statement -	Water Utility Board
Please Print	PLEASE PRINT CLEARLY
Agenda No. PRIVATE WELL DRO Please check the appropriate boxes: Support (Lan 6	Name ARNE L-DANLIT Address SO21 VOGES RD. MADISON, WIS. 52718 and Wish to speak Do not wish to speak
of who you represent and go on to the next qu	Available to answer questions nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name
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 minutes

Date: 6/16/12

Registration Stateme	ent - <u>Water Utility</u> Board	
	COMMITTEE	
Please Print		
	PLEASE PRINT CLEARLY	
	Name Tom Link	
Agenda No. #6	— Address //// W///ow ha	
1304		
Please check the appropriate boxes;		
Support in males	and Wish to speak Do not wish to speak	
Oppose	Do not wish to speak Available to answer questions	
☐ Neither Support Nor O	ppose Available to answer questions	
	n organization or a person other than yourself: Yes No red not complete the rest of this form. If you answered "yes," provide the na next question.)	те
Name, address and telephone number	of each person or organization you are representing:	
1		
Are you being paid for your represent	ation? Yes No	
	er paid duties for this person or organization? Yes No seed not complete the rest of this form. If you answered "yes," go on to the ne	ext
	(Common Council)5 minutes	
	earing3 minutes3 minutes	

5.4

Date: (Jun, 26, 1)

Registrat	ion Statement - ַ	Water Utility Board
		COMMITTEE
Please Print	jage	
		PLEASE PRINT CLEARLY
	<u> </u>	Name Laverne Theis
Agenda No	6 ?	Address 8821 Mineral PT Verona Win 53
Public Com	ient	
Please check the appr	ropriate boxes:	
Support		and Wish to speak
Oppose		Do not wish to speak
Neither Su	pport Nor Oppose	e Available to answer questions
(If you answered "no of who you represent	," STOP; you need not 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 name uestion.) The person or organization you are representing:
	The second secon	
		in the second se
Are you being paid fo	or your representation?	☐ Yes X No
Are you appearing as (If you answered "no question.)	part of your other paid," STOP; you need not	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:		mon Council)5 minutes

Date:	1.12.61	V.
Date.	4/20/	

Registration Stateme	ent - Water Utility Board
Please Print	PLEASE PRINT CLEARLY
Agenda No	Name Terry Cohn Address 5409 Fernrite Dr. Medison, Wi
(If you answered "no," STOP; you n of who you represent and go on to the	and Wish to speak Do not wish to speak Available to answer questions an organization or a person other than yourself: Yes No eed not complete the rest of this form. If you answered "yes," provide the name
	or each person of organization you are representing.
1	
Are you being paid for your represent	ation? Yes No
	er paid duties for this person or organization? Yes No eed not complete the rest of this form. If you answered "yes," go on to the next
Information H	g (Common Council)5 minutes earing

6.37.30

Date: 6/26/12

Registratio		ater Util	ity Bo	ard	
Please Print Agenda No	629			CLEARLY TOM KINK 11 Willow have	
Neither Sup At this meeting are you (If you answered "no, of who you represent of	pport Nor Oppose	olete the re on.)	st of this	s form. If you answered "yes," provid	No de the name
A	r your representation? part of your other paid dution, "STOP; you need not come	es for this p	person or		
Speaking Limits:	Public Hearing (Common Information Hearing		3 min	nutes	



4.50:30

Date: 6-26-2012

CITY OF MADISON

Water Utility Board Registration Statement -COMMITTEE Please Print PLEASE PRINT CLEARLY ERGMANN Name Agenda No. Address Please check the appropriate boxes: Wish to speak and **Support** Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: Yes (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: Yes ■No Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (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: Information Hearing......3 minutes Other Items......3 minutes

5:13 pm

Date: 6-25-12

CITY OF MADISON

Registration Statement	Water Utility Board
Agenda No. Many 6 Out psycocopy	PLEASE PRINT CLEARLY Name <u>Claire & Olvi Mangasari</u> Address <u>6021 Old Middleton Rd</u> Madison. WI 53705
of who you represent and go on to the next q	unization or a person other than yourself: Yes No t complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	,
Information Hearing	mmon Council) 5 minutes 2

callore

5.29:50 pm

Date: 6/25/12

CITY OF MADISON

Registration Statement - Water Utility Board

Please Print		PLEASE	PRINT	T CLEARLY
Agenda No.	6	Name Address		(traing Nauman 821 Thorstrand Rd Madison, Le) 5370
Please check the approp	oriate boxes:			
Oppose	port Nor Oppose		and	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
(If you answered "no," of who you represent a	representing an organization of strop; you need not compand go on to the next question of each personner.	olete the re	st of thi	his form. If you answered "yes," provide the name
Are you being paid for	your representation?			☐ Yes ☐ No
Are you appearing as p (If you answered "no," question.)	part of your other paid dutien 'STOP; you need not com	es for this p plete the re	erson o	or organization? Yes No this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing		3 mir	

5. 33.9Date: 6/25/12

Registration Sta	atement - <u>Water Ut</u>	ility Board		
Please Print	PLEAS	E PRINT CLEARLY		
Agenda No. UNLARA	Name Addre	Terry Cohn ss 2005 5409 Madison	r Femrite	. Dr.
Please check the appropriate to Support of P Oppose Neither Support	rotest	and Wish to spea Do not wish Available to		tions
At this meeting are you represent (If you answered "no," STOR of who you represent and go on Name, address and telephone	P; you need not complete the to to the next question.)	rest of this form. If you answ	vered "yes," _.	No provide the name
Are you being paid for your in Are you appearing as part of (If you answered "no," STO question.)	epresentation? your other paid duties for this P; you need not complete the	person or organization? rest of this form. If you ans	☐ Yes☐ Yeswered "yes,"	☑ No ☑ No ' go on to the next
Inform	c Hearing (Common Council) mation Hearing	3 minutes		

Date: 25 June 2012

Registration Statement -	COMMITTEE COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No	Name CRAIG MICHAEL JACKSON Address (729 SHERIDAN DR. MADISON, 53704
Please check the appropriate boxes:	
Support, in protest Oppose Neither Support Nor Oppo	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no," STOP ; you need n of who you represent and go on to the next	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name equestion.) Such person or organization you are representing:
Are you being paid for your representation	n? Yes VNo
Are you appearing as part of your other na	
Information Hearing	ommon Council) 5 minutes ng3 minutes3 minutes

				Date:	6/25/12
		CITY OF MA	DISON		
Registration	Statement	Water Utili	ity Board		
Please Print	6	PLEASE Name	PRINT CLEARLY	ne M.	akey
Agenda No.		Address	1830 71 Madiso	norstro	33705
Oppose	prot Nor Oppose epresenting an organ TOP; you need not go on to the next questions.	nization or a per complete the re- uestion.)	Availates on other than yoursest of this form. If you	wish to speak ble to answer blf: Y answered "y	questions es No
Are you being paid for you Are you appearing as par (If you answered "no," S	t of your other paid	duties for this p	erson or organization		Zes ∑No
	ublic Hearing (Com				

Other Items......3 minutes

5:38 Pm

Date:		6/25/12
	Date:	/ -

Registration Statement	committee Water Utility Board
Please Print Agenda No	Name PRINT CLEARLY TO LONGER Address FOGLAR MANOTA DO Madism, WI 53705
(If you answered "no," STOP ; you need of who you represent and go on to the ne	organization or a person other than yourself: Yes No land the name of this form. If you answered "yes," provide the name
(If you answered "no," STOP ; you nee question.)	paid duties for this person or organization? Yes No No d not complete the rest of this form. If you answered "yes," go on to the next
Information Hea	(Common Council) 5 minutes aring 3 minutes 3 minutes