

Date: 10/30/2012

WISH TO SPEAK FORM

CITY OF MADISON

AVAIL ANSW

Registration Statement - Common Council

COMMITTEE Please Print PLEASE PRINT NAME CLEARLY Name Agenda N Address Verona, WI 53593 Please check: AND Please check one: Wish to Speak Support AUAil Albe to **Oppose 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: □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

(SEE BACK)

Public Hearing (Common Council)5 minutes

Information Hearing......3 minutes
Other Items......3 minutes

question.)

Speaking Limits:

REGISTRATION STATEMENT - PAGE 2

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?		
(If you answe this form. If y	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you this wered "no" to the question, go on to the next question.)		
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
	the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at the City-County Building, Madison, for more information.) Signature		
	Print Name VICter VIIIaLVET		



Date: 10/30/12

WISH TO SPEAK FORM

CITY OF MADISON

ANSW ?

Registration Statement - Common Council

Please Print	PLEASE	PRINT NAME CLEARLY
	Name _	MIKE SLAVISH
Agenda No	Address _	122 W. WASHINGTON
	_	MADISON, WI
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		AVAILABLE TO ANSWER ?
Neither Support Nor Opp	nose	
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 question and the state of the	complete the rest of uestion.) n person or organization	of this form. If you answered "yes," provide the name ation 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 perso complete the rest o	on or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items	3	minutes

REGISTRATION STATEMENT - PAGE 2

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Date /O	30/12 Signature			
	Print Name MINE SLANSLE			



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registrat	ion Statement -	Common Council COMMITTEE			
Agenda No. 1155 63		PLEASE PRINT NAME CLEARLY Name CSEWARY LET Address W W W SON # 108 53703			
Please check of Support Oppose Neither S	ne: upport Nor Op	AND Please check: Do not wish to speak pose			
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	part of your other paid	☐ Yes ☐ No duties for this person or organization? ☐ Yes ☐ No to complete the rest of this form. If you answered "yes," go on to the next			
Speaking Limits:	Information Hearing.	mon Council)5 minutes			

REGISTRATION STATEMENT - PAGE 2

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Date	Signature	
	Print Name	