

Date: DEC 1/2012



## AVAILABLE TO ANSWER QUESTIONS FORM

## **CITY OF MADISON**

Registration Statement -	Common Council
•	COMMITTEE
	PLEASE PRINT CLEARLY
	Name MARC OTT
Agenda No	Address AVENUE ARCHITECTS
İ	550 SUNFISE DR
	SPRING GREEN, WI
Please check one:	AND Please check:
Support	Available to answer
7	questions
Oppose	1
Neither Support Nor Oppose	
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 q	
Name address and talanhana number of eac	h person or organization you are representing:
FORWARD MANAGEMENT IN	<u>C</u>
110 S. Brooks ST.	608-444-6100
MADISON, LL 53715	
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 to complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com	mon Council)5 minutes
Information Hearing.	3 minutes