5:07:18

CITY OF MADISON

Registration Statemen		
	COMMITTEE	
Please Print	PLEASE PRINT CLEARLY	
2	Name Jon Eckbouth	
Agenda No.	- Address 20 Eleft CR	
	1 D SCIORING	•
Please check the appropriate boxes:	7	
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Support	and Wish to speak Do not wish to speak	
Oppose	A registion to an array avec	stions
Neither Support Nor Opp	pose	
of who you represent and go on to the ne	d not complete the rest of this form. If you answered "yes," ext question.) Seach person or organization you are representing:	provide the name
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Are you being paid for your representation	on?	No
Are you appearing as part of your other p (If you answered "no," STOP; you need	on? Yes paid duties for this person or organization? Yes I not complete the rest of this form. If you answered "yes,"	No.
Are you appearing as part of your other p (If you answered "no," STOP; you need question.)	paid duties for this person or organization? Yes I not complete the rest of this form. If you answered "yes,"	No.
(If you answered "no," STOP; you need question.) Speaking Limits: Public Hearing (C	paid duties for this person or organization? Yes	No.
Are you appearing as part of your other p (If you answered "no," STOP; you need question.) Speaking Limits: Public Hearing (C Information Heari	paid duties for this person or organization? Yes I not complete the rest of this form. If you answered "yes," Common Council) 5 minutes	No.

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Date:		
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CITY OF MADISON

Registration Statement -	Water Utility Board	
Please Print	PLEASE PRINT CLEARLY	•
Agenda No. 3/28538	Name KIM SANTIAGO/JOSÉ MADERA Address 6901 OLD SAUK CT	
Please check the appropriate boxes:	MADISON, WI 53917	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions	
(If you answered "no," STOP; you need not of who you represent and go on to the next qu	anization or a person other than yourself: Yes No of complete the rest of this form. If you answered "yes," provide the i question.) ch person or organization you are representing:	name
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Are you being paid for your representation?	☐ Yes ☑ No	
Are you appearing as part of your other paid of 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
Information Hearing	nmon Council)5 minutes	•

	CITY OF MADISON	
Registration State	ement - Water Utility Board	
<u>Please Print</u>	COMMITTEE PLEASE PRINT CLEARLY	
Agenda No.	Name Perry to Address 5709 La Madisan	Tenbact, Le Mendola Dr. 53705
Please check the appropriate boxe	es:	
Support Oppose Neither Support No	Do not	o speak wish to speak ole to answer questions
At this meeting are you represent (If you answered "no," STOP; yo of who you represent and go on to	ing an organization or a person other than yourse ou need not complete the rest of this form. If you to the next question.)	lf:
Name, address and telephone num	aber of each person or organization you are repre	esenting:
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Are you being paid for your repres	sentation?	☐ Yes No
	other paid duties for this person or organization ou need not complete the rest of this form. If you	
Information	aring (Common Council) 5 minutes in Hearing 3 minutes is	

Date:

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Date:	129	113	

CITY OF MADISON

Registration Statement -	Water Utility Board
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Oris Makey Address 1830 Thorstrong Ro Madison W 153705
Please check the appropriate boxes:	
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Traine, address and telephone number of oues	r person of organization you are representing.
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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 nex
Information Hearing	mon Council)5 minutes3 minutes3 minutes
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