

Date: $\frac{2/5/13}{}$

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	Council	
Please Print Agenda No.		EPRINT NAME CLEARLY ADAM PLOTKIN 304 N.PINCKNEY ST. MADISON, WIT 5370=	
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose	A.	TVAILABLE FOR QUESTIONS	
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:			
· · ·			
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.)		son 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		

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	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are both	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.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name