



#29754

Date: 4-16-13

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name ISADORA Knox / WBYNGAddress 1735 Bailey St. / 714 Nothing Hill
Madison wayAgenda No. 6

Please check one:

AND

Please check:



Support



Oppose



Neither Support Nor Oppose



Wish to Speak

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 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 duties for this person or organization?

☐ Yes☐ No

(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits:

Public Hearing (Common Council)5 minutes

Information Hearing.....3 minutes

Other Items.....3 minutes

(SEE BACK)