

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	Council	
Agenda No.		PRINT NA	MECLEARLY eda Kongo NHancock
Please check one:	AND	Plea	se check:
Support			Wish to Speak
Oppose		-	
Neither Support Nor Opp	oose		*
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 que Name, address and telephone number of each	complete the rest uestion.)	of this form. l	f you answered "yes," provide the name
		·	
	*		
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 pers complete the rest	on or organize of this form. I	ation? Yes No If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items	3	minutes	

REGISTRATION STATEMENT - PAGE 2

Are you an elother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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 bei that:	ng 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 5	13 Signature Would Manual
l.	Print Name BROWN 12 KONKEL