

Date:	•	
Date.		

WISH TO SPEAK FORM

CITY OF MADISON

Registrati	ion Statement	Common C	Council		
Please Print		PLEASE Name	EPRINT NAI Brida	ME CLEARLY	niaci
Agenda No		Address	916 E Madis	Son, WI	St Apt F 53703
Please check or	ne:	AND	Plea	se check:	
Support	•	:	$\sum_{i=1}^{n}$	Wish to Sp	eak
Oppose		H.			
Neither S	upport Nor Opp	oose		·	
(If you answered "no,	ou representing an organ "STOP; you need not and go on to the next qu	complete the rest	n other than yo of this form. Ij	ourself: \[\] Y \ f you answered "y	tes No ves," provide the name
Name, address and tel	ephone number of each	person or organiz	zation you are	representing:	
Are you being paid for	r your representation?			Y	es No
Are you appearing as j (If you answered "no, question.)	part of your other paid on "STOP; you need not	duties for this pers complete the rest	son or organiza of this form. I	ation?	
Speaking Limits:	Public Hearing (Communication Hearing Other Items		3 minutes		

REGISTRATION STATEMENT - PAGE 2

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?			
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)			
If you are be that:	eing 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.			
	to 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			