

29554

Date: July 16, 2013

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

**PLEASE PRINT NAME CLEARLY**

Agenda No. 28

Name Ezra Meyer  
Address 2103 Monroe St.  
Madison, WI 53711

**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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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.

(Please go to the City Clerk's website [www.cityofmadison.com/clerk/index.html](http://www.cityofmadison.com/clerk/index.html) or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 7/16/13

Signature Ezra M

Print Name Ezra Meyer



To speak

Date: \_\_\_\_\_

# AVAILABLE TO ANSWER QUESTIONS FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 28, Leg. file #29554

Name Melissa Melott  
Address 222 S Carroll St. #311  
Madison, WI 53703

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Available to answer questions

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

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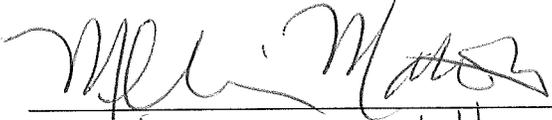
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Date 7/16/13

Signature   
Print Name melissa malott



Date: \_\_\_\_\_

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 28

Name Caryl Terrell  
Address 19 Red Maple Trail  
Madison

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:

Madison Metropolitan Sewerage District  
Moorland Rd  
Madison WI

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  
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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_