Date: 1/24/15

#### **CITY OF MADISON**

## Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

		PLEASE	PRINT CLEA	RLY		
Agenda No. <u>E/</u>	39335		Cinda		wano w/ 5	Terr 3005
Please check the appro	opriate boxes:					
Support Oppose Neither Su	pport Nor Oppose			o not wisl		estions
Speaking Limits:	Public Hearing Information Hearing Other Items		3 minutes			
(If you answered "no,"	u representing an organizatio " <b>STOP;</b> you need not compl t below, and go on to the next	lete the rest	n other than y of this form.	yourself: <i>If you ans</i> 1	Yes wered "yes,'	☐ No ' provide the name
COMMENTS RELA	TED TO THE ITEM ON T	HE AGEN	DA (optiona	l):		
Shebr	49m Are Com	munyty	Garde	<u>'n</u>		
				<u> </u>		
					-	
Name, address and tele	phone number of each persor	or organiza	ation you are	representi	ng:	
Are you being paid for		- <del>-</del>			☐ Yes	<b>V</b> No
Are you appearing as pa (If you answered "no," question.)	art of your other paid duties for STOP; you need not comple	or this person te the rest o	on or organiza of this form. If	ition? f you answ	☐ Yes vered "yes,"	No go on to the next

Date:	
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### **CITY OF MADISON**

# Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
<u>~ 1</u>	Name JIM BAUMANN  Address FAIRWAY DR
Agenda No. E/	- Address FAIRWAY DR
	MADISON
Please check the appropriate boxes:	
<ul><li>☐ Support</li><li>☐ Oppose</li><li>☑ Neither Support Nor O</li></ul>	and Wish to speak  Do not wish to speak  Available to answer questions
Information He	5 minutes earing
At this meeting are you representing a (If you answered "no," <b>STOP</b> ; you ne of whom you represent below, and go	n organization or a person other than yourself: Yes No ed not complete the rest of this form. If you answered "yes," provide the name on to the next question.)
COMMENTS RELATED TO THE	ITEM ON THE AGENDA (optional):
SUPPORTIVE OF AN	TY GARDEN RELUCATION-
	f each person or organization you are representing:  OB. COMMUNITY GARDEN
Are you being paid for your representat	
Are you appearing as part of your other (If you answered "no,." STOP; you need question.)	paid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next

Date: 1/24/2015

#### **CITY OF MADISON**

## Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

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	Pl	LEASE PRINT	CLEARLY			
Agenda No	- 1 N	Name NAN FEY				
Agenda No	A	ddress	W./WI	USON ST		
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Please check the app	propriate boxes:					
☐ Support ☐ Oppose ☑ Neither S	upport Nor Oppose	and	Wish to sp Do not wi Available	oeak sh to speak to answer quest	ions	
Speaking Limits:	Public HearingInformation HearingOther Items	3 minu	utes			
(If you answered "n	ou representing an organization or o," STOP; you need not complete to ent below, and go on to the next que	he rest of this	er than yourself: If you an	☐ Yes swered "yes," p	No provide the name	
	ATED TO THE ITEM ON THE		ptional):			
		<del></del>				
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Name, address and te	lephone number of each person or	organization y	you are represen	ting:		
lomma	WITY GARDIANS COMM.	bo-cupi	R			
	or your representation?			Yes	<b>∑</b> No	
Are you appearing as (If you answered "no question.)	part of your other paid duties for th "STOP; you need not complete th	is person or o we rest of this	organization? form. If you ans	wered "yes," go	No o on to the next	