Date: _	5/11/16	,\/
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CITY OF MADISON

Registration Statement - Transit and Parking Commission

PLEASE PRINT CLEARLY
Agenda No. 41691 G1 Address John Olson Address John Olson Sun Panicie, Wis.
Please check the appropriate boxes:
Support Oppose Neither Support Nor Oppose and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits: Public Hearing
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 whom you represent below, and go on to the next question.)
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):
Name, address and telephone number of each person or organization you are representing: BIV LLC - Victoria Montgomery 5 Montgomery LN. Seattle WASh.
BUY Olson propertes Bonnie Ohson 4225 Williams Rd., Rio. Wis.
Are you being paid for your representation?
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.)

Date: _	5/11/16	/
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CITY OF MADISON

Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY		
. 7	Name Gayle Gold		
Agenda No. 😽	Address 1044 Jenifer St.		
	Madison WI		
Please check the approp	riate boxes:		
Support Oppose Neither Sup	and Wish to speak Do not wish to speak Available to answer questions		
]	Public Hearing		
(If you answered "no,"	representing an organization or a person other than yourself: Yes No STOP; you need not complete the rest of this form. If you answered "yes," provide the name below, and go on to the next question.)		
	ed to the ITEM ON THE AGENDA (optional): location of lous stop on denition at Ingerso)		
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Name, address and telep	hone number of each person or organization you are representing:		
	· · · · · · · · · · · · · · · · · · ·		
Are you being paid for y	our representation?		
	t of your other paid duties for this person or organization? Yes No STOP; you need not complete the rest of this form. If you answered "yes," go on to the next		

Date: 5/11/16

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

			. PLEASE	E PRINT CLEARLY	
Agen	da No. 🧷	7 /	Name Address	JEFF W 1050 Joy	HWMAN IF ER
Please	check the appro	opriate boxes:			
	Support Oppose Neither Su	pport Nor Oppo	se		eak sh to speak to answer questions
Speak	ing Limits:	Public Hearing Information Hearing Other Items	g	3 minutes	
(If you of who	i answered "no, om you represen	Tepresenting an org	ot complete the re the next question	.)	☐ Yes ☐ No swered "yes," provide the no
Name,	address and tele	ephone number of eac	ch person or organ	nization you are represen	iting:
Are yo	u appearing as p answered "no,		duties for this pe	erson or organization? st of this form. If you an	☐ Yes ☐ No ☐ Yes ☑ No swered "yes," go on to the n

(SEE BACK)

Date: 5/11/16

CITY OF MADISON

Registration Statement - Transit and Parking Commission

<u> </u>	PLE .	ASE PRINT CLEARLY	
Agenda No.	Nan Add		<u>S</u> T
			
Please check the appr	opriate boxes:	•	
Support Oppose Neither Su	pport Nor Oppose	and Wish to sp Do not wis Available	eak sh to speak to answer questions
Speaking Limits:	Public Hearing Information Hearing Other Items	3 minutes	·
(If you answered "no,	ou representing an organization or a ," STOP; you need not complete that the below, and go on to the next quest	e rest of this form. If you an	☐ Yes ☐ No swered "yes," provide the name
COMMENTS RELA	ATED TO THE ITEM ON THE A	GENDA (optional):	
Name, address and tel	ephone number of each person or o	rganization you are represen	ting:
Are you being paid for	r valle representation?		☐ Yes ☐ No
Are you appearing as p	r your representation? part of your other paid duties for thi "STOP; you need not complete the	s person or organization? rest of this form. If you and	☐ Yes ☐ No

Date: 5/11/16

CITY OF MADISON

Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY
Agenda No. 61	Name Donna M. David Address 1103 Jenifer St. Madison WI
	1713013013
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
Information Hearing.	
At this meeting are you representing an organ (If you answered "no," STOP; you need not of whom you represent below, and go on to the	complete the rest of this form. If you answered "yes," provide the name
COMMENTS RELATED TO THE ITEM	ON THE AGENDA (optional):
	al City Sanctuary Church.
,	
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 of	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next

Date: 5-11-2014

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY		
<u> </u>	Name Scort B. THORATUM Address 1104 Janger St		
Agenda No.	Address 1104 Janes 85		
	MARISON, W1 53703		
Please check the app	ropriate boxes:		
Support Oppose Neither St	and Wish to speak Do not wish to speak Available to answer questions		
Speaking Limits: Public Hearing			
(If you answered "no	ou representing an organization or a person other than yourself: Yes No on, "STOP; you need not complete the rest of this form. If you answered "yes," provide the name int below, and go on to the next question.)		
COMMENTS REL	ATED TO THE ITEM ON THE AGENDA (optional):		
	<u> </u>		
			
Name, address and te	lephone number of each person or organization you are representing:		
			
Are you being paid fo	r your representation?		
	part of your other paid duties for this person or organization? Yes No "STOP; you need not complete the rest of this form. If you answered "yes," go on to the next		

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