

Date:	12	12	20	

## **CITY OF MADISON**

	tion Statement -	COMMITTEE	re Commission		
Please Print			RINT NAME CLEARLY		
Agenda No. 12 14	2020 Meeting	Name Address	legan Berge 3256 Milwaykee St. Madison 53714		
Please check	one:	AND	Please check one:		
Support	a to by as immedian		Wish to Speak		
Oppose			Do not wish to speak		
Neither !	Support Nor Op	ppose	Available to Answer Questions		
(If you answered "no of who you represen	o," <b>STOP;</b> you need not tand go on to the next of	question.)	ther than yourself: Yes No his form. If you answered "yes," provide the name on you are representing:		
Are you being paid t	for your representation?	)	☐ Yes ② No		
Are you appearing a	s part of your other paid	d duties for this person			
Speaking Limits:	Deaking Limits: Public Hearing (Common Council)5 minutes Information Hearing				