Date:	3/15/11
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CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Tom Bergamini Address 402 N. Baldwin St
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organization (If you answered "no," STOP; you need not composed who you represent and go on to the next question.	plete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each personal Downfawa Madison	
Are you being paid for your representation?	☐ Yes 🕢 No
Are you appearing as part of your other paid dutie (If you answered "no," STOP; you need not comparestion.)	es for this person or organization? Yes No plete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Information Hearing	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	wered "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.)
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(Please go Room 103 o	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fifthe City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 15 MARCH

WISH TO SPEAK FORM

Registration Statement	Common Co	uncil
Please Print	_ PLEASE F	RINT NAME CLEARLY
	Name	MICHAEL SLAVLIEY
Agenda No.	Address	MICHAEL SLAVLEY 4824 SHERDOOD RD
		MADISON W. 53711
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor O	ppose	
At this meeting are you representing an or (If you answered "no," STOP ; you need no f who you represent and go on to the next. Name, address and telephone number of each	not complete the rest of t question.)	this form. If you answered "yes," provide the name
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Date	Signature
	Print Name

MICHAEL A. SLAVNEY

March 15, 2011

City of Madison Common Council Hand Delivered to Council Chambers Public Hearing on Proposed Zoning Ordinance

Mayor Cieslewicz and Council Members

I have been proudly serving as Chair of the Zoning Ordinance Rewrite Advisory Committee since its inception, and have been closely following the progress of the draft ordinance through the Plan Commission review and recommendation process. When not serving as a volunteer in this capacity, I work as a consulting city planner, and have been the planner-incharge of 25 ordinance rewrite and remapping projects throughout the country.

I believe the current draft attains the objectives the City identified for the new code. Most importantly, when supplemented by the upcoming work on the downtown districts, it will provide the City with a full palette of zoning districts — each of which is designed to implement a specific character of development. The new code also forwards a broad spectrum of objectives related to urban design, environmental protection, transit adaptability, and pedestrian and bicycle accommodations. It also recognizes the strong role that the public, neighborhoods, and the City's development review committees play in the various processes under the Ordinance.

In total, I believe the draft Ordinance to be fully consistent with the City's Comprehensive Plan, and is deserving of your support.

I would like to make several observations I hope you consider in your review of the draft:

- 1. Taller Nonresidential Building Heights via conditional use:

 I think this an excellent approach for blending the benefits of more density with site specific concerns, without the need for the more cumbersome PUD process.
- 2. Accessory Dwelling Units via Overlay District based on neighborhood plans: I think this approach strikes a good balance by combining neighborhood-based input over appropriate locations, with efficient site-by-site approval. Perhaps adding an alternative process that uses the overlay zoning process directly -- as informed by neighborhood association comments, could save time where a detailed neighborhood plan is not present or does not address this issue.

3. Mixed Use Buildings in Residential Districts:

I strongly support this concept. However, I also feel strongly that the proposed approach for attaining this objective is problematic.

Specifically, the proposed approach would allow a mixed use building on any corner within a residential district – with building size and character controls, and with a spacing requirement of at least one-quarter mile.

I have several strong concerns about this approach:

- We give up the detailed control of the location of such development to a first-come, first-served approach. This will not result in the selection of the *best* location in a neighborhood, merely the selection of the first *acceptable* location;
- We lose the ability to effectively communicate where such development has been approved, because it would not be depicted on the Zoning Map. This will result in numerous "bad surprise" situations; and most importantly,
- We create an environment of land use uncertainty for residents and property owners with lots adjacent to, or near, <u>all</u> residential corners in the community.

Consequently, I fear we will be creating a *very* strong disincentive for property owners to invest in our neighborhoods, and a *very* strong incentive for families to consider other cities and villages in the metro areas as a more stable and predictable alternative for housing and school district choices.

My extensive professional experience has demonstrated that most zoning ordinance issues that deal with approving the most appropriate <u>locations</u> for specific types of development are best dealt with through the <u>zoning map</u>, rather than through provisions in the zoning text. For location-based decisions, the map is inherently a more flexible and responsive tool. Therefore, I believe a better approach to attaining the laudable objective of facilitating convenient neighborhood-based development would be to use the standard approach of having such proposals seek zoning map amendments, as guided by the Comprehensive Plan and neighborhood plans.

Thank you for your consideration of these comments. I look forward to working with you on the downtown districts and the zoning map.

Sincerely

Michael A. Slavney, FAICP

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Sincerely

Michael A. Slavney, FAICP

03/15/11 Page 2 of 2



Date: 3/15/2011

WISH TO SPEAK FORM

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Date	Signature		
	Print Name		



Date: 3/15/11

WISH TO SPEAK FORM

Registration Statement -	Common C	Council	
	COMMITTEE		
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Neither Support Nor Op	pose		
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Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes	

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Date 3/1	Signature Lelo Ra New ton			



Date: $\frac{3/15/11}{}$

WISH TO SPEAK FORM

Registration Statement	- Common C	Council
Please Print	PLEASI	E PRINT NAME CLEARLY
Agenda No	Name - Address	Amanda Werhane 421 Cantwell Ct. Madison, WI 53703
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor C)ppose	
At this meeting are you representing an o (If you answered "no," STOP; you need of who you represent and go on to the next Name, address and telephone number of e	not complete the rest ct question.)	of this form. If you answered "yes," provide the name
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Date	Signature
	Print Name



Date: 3 15 11

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil		
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Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this pers	on or organiza of this form. If	tion? Yes	 ∏ No
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Date	Signature
	Print Name



Date:	3/15	/ ((
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WISH TO SPEAK FORM

Registration Statement -		ouncil	
	COMMITTEE		
Please Print	PLEASE	PRINT NAM	E CLEARLY
1	Name	('arole	Schaeffr
Agenda No.	Address	292	Tipino Meadin Gr
		0109	, Work
Please check one:	AND	Please	e check:
☐ Support			Wish to Speak
Oppose			
Neither Support Nor Op	pose		
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Name, address and telephone number of each	ch person or organiz	zation you are re	epresenting:
Smart Growth	Sugar	lad ron	
701 e wash	ave n	nadisin	53575
Are you being paid for your representation?	?		Ŷes □ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)			
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	· · · · · · · · · · · · · · · · · · ·	3 minutes	

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Room 103 of t	the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at the City-County Building, Madison, for more information.) Signature
Date	Print Name Carole schaefte



Date: 3/15/11

WISH TO SPEAK FORM

7:10 -

Registration Statement -		ouncil
	COMMITTEE	
Please Print	PLEASE	PRINT NAME CLEARLY
,	Name	Julie Spears
Agenda No.	-	307 S. Few St
	_	Madrin, W1 5-3703
Please check one:	AND	Please check:
Support & W/ co-of amendment	\$	Wish to Speak
Oppose		
Neither Support Nor Op	pose	
	-	
At this meeting are you representing an orga (If you answered "no," STOP ; you need no of who you represent and go on to the next of	t complete the rest	n other than yourself: Yes \sum No of this form. If you answered "yes," provide the name
Name, address and telephone number of each	ch person or organiz	ation you are representing:
Marquette Nergh	borhood A	Ssociation
943 Jenber St		
mad 53703		
Are you being paid for your representation?		☐ Yes ☐No
Are you appearing as part of your other paid (If you answered "no," STOP ; you need no question.)	l duties for this pers of complete the rest	on or organization? Yes YNo of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	;3	minutes

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Date	Signature	
	Print Name	



Date: 3/15///

WISH TO SPEAK FORM

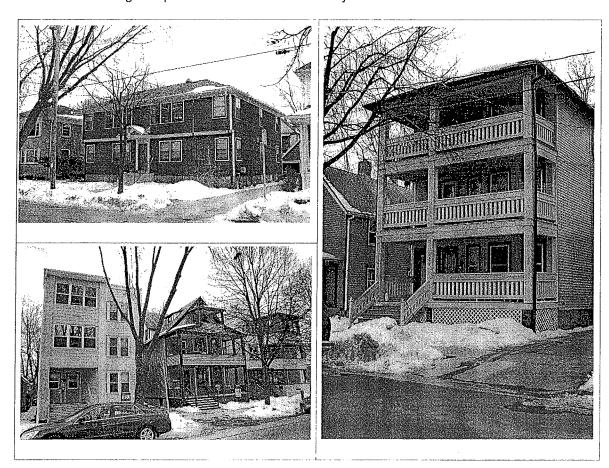
CITY OF MADISON

Registration Statement	Common C	Council	
Please Print	PLEASI Name	E PRINT NAME CLEARLY Altorney David Sparer	
Agenda No.	Address	16 N. Carroll St. Madison 52703	
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose			
Neither Support Nor O	ppose		
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 Community (1202 Walliamson	ogena ico		
Madison 5378) >		
Are you being paid for your representation	?	Yes No	
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Date	3/15/11 Signature Ward Apares

Potential Housing Cooperative conversions in likely TR-C3 zones:



Housing Cooperative Amendments

Highlighted are the two housing cooperative amendments in order as they would appear in the ordinance text, which can currently be found on page 181:

Housing Cooperative.

- (a) In the SR-C3 and TR-C3 Districts, buildings with more than one (1) dwelling unit may be converted for use as a Housing Cooperative if the occupancy is the lesser of the number of legal bedrooms prior to conversion or the legal occupancy allowed at the time of conversion, except that any occupancy greater than fourteen (14) requires conditional use approval.
- (b) In the SR-V1, SR-V2, TR-V1, TR-V2, NMX, TSS, and CC-T Districts, buildings with more than one (1) dwelling unit may be converted for use as a Housing Cooperative if the occupancy is the lesser of the number of legal bedrooms prior to conversion or the legal occupancy allowed at the time of conversion, except that any occupancy greater than twenty (20) requires conditional use approval.
- (c) In the **SR-V1**, **SR-V2**, **SR-C3**, **TR-C3**, TR-V1, TR-V2, NMX, TSS, and CC-T Districts, a Housing Cooperative may locate in a single-family dwelling with conditional use approval.
- (d) In the TR-U1 and TR-U2 Districts, Housing Cooperatives may locate in any single-family dwelling or convert a building with more than one (1) dwelling unit if the occupancy equals the number of legal bedrooms prior to a change in use to a Housing Cooperative. Occupancy greater than the legal number of bedrooms prior to a change in use requires conditional use approval.
- (e) When Housing Cooperatives are established within single-family dwellings, the single family appearance and function of the building shall not be altered through the addition of entrances or kitchens.
- (f) When two-family, three-family and multi-family buildings are converted into Housing Cooperatives, the entire building must remain a Housing Cooperative while any portion of it is so occupied.

Amendment 1 would move conversion of multi-unit buildings in zone TR-C3 from prohibited to match SR-C3 restrictions. *Likely TR-C3 zones include the strip of housing on the south side of Old University Avenue or the Willy Street neighborhood between Ingersoll and the Yahara River*

Amendment 2 would move conversion of a single-family dwelling from prohibited to conditional use in SR-V1, SR-V2, SR-C3 and TR-C3 districts, requiring any such conversion to gain neighborhood approval. *Likely SR-V1 and SR-V2 districts include housing two blocks south of Regent St between Mills and Monroe, or housing on either side of Johnson andDayton between N Hamilton and the Yahara River.*

- Housing Cooperatives are prohibited in all districts not listed.
- Neither of these amendments permit an increase in density.

Why support these amendments?

- Increase housing diversity
- Avert the 'brain drain' from Madison
- Support an innovative housing form in which we have been national leaders
- Support affordable non-subsidized housing
- Including housing cooperatives was the most popular issue at the first listening session in 2009 and more citizens have spoken in support than any housing issue



Date: 3 15/204

WISH TO SPEAK FORM

Registration Statemer	t - Common Council COMMITTEE	
Please Print	PLEASE PRINT NAME CLEARLY	
Agenda No. Surpour	Name EFFREY BESSMER Address 1820 SUMMIT AVENUE MADISON, CUI 53726	
Please check one:	AND Please check:	
Support	Wish to Speak	
Oppose		
☐ Neither Support Nor	Oppose	
(If you answered "no," STOP ; you need of who you represent and go on to the r	organization or a person other than yourself: Yes of not complete the rest of this form. If you answered "yes," provident question.) each person or organization you are representing:	No de the name
Are you being paid for your representat		No /
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Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)			
Date	Signature ##		
	Print Name JEFF DESSMER		



Date:	

DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	COMMITTEE	ouncil	
Please Print		PLEASE I	PRINT NAME CLEARLY	
Agenda No.	(ope)	Name Address >	1 m P/10/ 625 PANG P/ MAC QUE 53,	XX
Please check or	ie:	AND	Please check:	
Support Oppose	·		Do not wish to speak	
Neither S	upport Nor Op	pose		
of who you represent o	" STOP; you need not and go on to the next q	t complete the rest of uestion.)	n other than yourself: Yes No of this form. If you answered "yes," provide the tation you are representing:	e name
Are you being paid for Are you appearing as p		duties for this person	☐ Yes ☐ No on or organization? ☐ Yes ☐ No	en quinna
		-	of this form. If you answered "yes," go on to to	he next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 r	minutes	

•	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 both	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.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fall the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		



Date: $\frac{3}{15}/201/$

DO NOT WISH TO SPEAK FORM

Registration	on Statement	Common Cou	uncil	-	
Please Print Agenda No		Name	RINT NAME CLE FRANK 1820 Su Madisan	N/C.	Ave
Please check on Support	ne: Coop Amena	AND dments	Please chec	ck: wish to s	speak
☐ Oppose☐ Neither St	upport Nor Opp	pose			
At this meeting are you (If you answered "no," of who you represent a Name, address and tele	" STOP; you need not and go on to the next qu	complete the rest of uestion.)	this form. If you ansv	vered "yes,"	XNo provide the name
Are you being paid for	your representation?			Yes	No
Are you appearing as p (If you answered "no," question.)				☐ Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Cominformation Hearing Other Items	3 m	inutes		

•	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 bothat:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
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	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		



Date:	3/14	5/11
	7	7

DO NOT WISH TO SPEAK FORM

	mmon Counc	cil		
Please Print Agenda No.	PLEASE PRIN Name Address	Tosen Batton Z106 Sheridan Dr Modices 53704		
Please check one: Support	AND	Please check: Do not wish to speak		
Oppose Neither Support Nor Oppose				
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? Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not compaquestion.)				
Speaking Limits: Public Hearing (Common Conformation Hearing	3 minu	tes		

Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No			
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)			
If you are be that:	ing 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.	3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
	o 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			



Date: 3/15/11

DO NOT WISH TO SPEAK FORM

Registration		OMMON CO	ouncil	
Please Print Agenda No.		PLEASE Name _ Address _	PRINT NAME CLEA Heidi Weg 1941 & Dau Madreon	Heither Hon St WI S3704
Please check one:		AND	Please chec	k :
Support Oppose	· .	·	Do not	wish to speak
	port Nor Oppos	e		
At this meeting are you re (If you answered "no," So of who you represent and Name, address and telephone	TOP; you need not com go on to the next question	plete the rest o	f this form. If you answ	☐ Yes ☐ No vered "yes," provide the name ng:
Are you being paid for you Are you appearing as part (If you answered "no," ST question.)	of your other paid dutie			☐ Yes ☐ No ☐ Yes ☐ No wered "yes," go on to the next
Inf	blic Hearing (Common ormation Hearing	3	minutes	

Are yo other g	ou an ele governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you this for	answer rm. If yo	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you that:	are bei	ng 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.
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	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Please Room .	e go to 103 of th	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





DO NOT WISH TO SPEAK FORM

Registra	tion Statement -	COMMITTEE	ouncil	
Please Print Agenda No.		Name _	PRINT NAME CLEARLY PATELLE BOHN 1820 SUMMIT AVE. MADISON, WI 53726	
Please check	one:	AND	Please check:	
Support Oppose Neither S	Support Nor Op	pose	Do not wish to speak	
(If you answered "no of who you represent	and go on to the next q	complete the rest o uestion.)	n other than yourself: Yes No No of this form. If you answered "yes," provide the name ation you are representing:	ne
Are you appearing as	or your representation? part of your other paid of your need not	duties for this perso complete the rest o	☐ Yes ☐ No on or organization? ☐ Yes ☐ No of this form. If you answered "yes," go on to the ne	xt
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 1	minutes	

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
(If you answer this form. If yo	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)		
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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(Please go to Room 103 of	o 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		

Date: $\frac{3/15/2011}{}$



AVAILABLE TO ANSWER QUESTIONS FORM

Registration	on Statement	Common C	<u>Council</u>		and the constant of the consta	
		PLEASE	E PRINT (CLEARLY		
		Name	SUSAN	Houna	S WORTH	
Agenda No	COOPERATIVES	Address	1820	SUMMIT A	ENUE	
			MADIS	SON WI G	53726	
Please check on	e:	AND	Pl	ease chec	k:	
Support	AMENDMENTS			\frac{\}{\} Availab	ole to ansv	wer
Oppose			<u> </u>	_ questio	ns	
	ipport Nor Opp	ose				
At this meeting are you (If you answered "no," of who you represent a Name, address and tele	' STOP; you need not on the next qu	complete the rest estion.)	of this form	m. If you answ	•	√ No provide the name
Are you being paid for	your representation?				☐ Yes	□No
Are you appearing as p (If you answered "no," question.)					☐ Yes vered "yes,"	☐ No go on to the next
	Public Hearing (Comn Information Hearing	***************************************				

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No		
	vered "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 b that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised		
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		



AVAILABLE TO ANSWER QUESTIONS FORM

Registration Statement -	Common Council
	COMMITTEE
Please Print Agenda No.	PLEASE PRINT NAME CLEARLY Name Address 122 N. Basset St. Madison, UT 53763
Please check the appropriate box:	Please check the appropriate box:
Support Coop I Oppose Neither Support Nor Op	AND Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each Madison Community Commu	h person or organization you are representing: -oap Vad 30, Lt 53703
COG-251-2667	
Are you being paid for your representation? Are you appearing as part of your other paid	Yes No duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the next
question.) Speaking Limits: Public Hearing (Com	nmon Council)5 minutes
	3 minutes3 minutes

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)		
If you a that:	re bein	ng 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.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
		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	3/51	Signature A A A		
		Print Name Adam Ston		

Date:	3-15-11	



AVAILABLE TO ANSWER QUESTIONS FORM

Madison

Registration Stateme	nt - Common C	Council			
PLEASE PRINT CLEARLY					
Agenda No	n ^{th^t} Name	Laura LaFleur			
Agenda No	— Address	1820 Summit	Ave.		
		Madison, WI	537DG		
Please check one:	AND	Please check:			
Support		Available to a	answer		
Oppose		questions			
Neither Support Nor Oppose					
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	of each person or organiz	zation you are representing:			
		····			
Are you being paid for your representa-	tion?	Ye	es 🖾 No		
Are you appearing as part of your other (If you answered "no," STOP; you need question.)					
	(Common Council)5				

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?	
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)	
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised	
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	o 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	