



Date: 4-30-13

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 52

Name ROSEMARY LEE
Address 111 W WILSON #109
53703

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

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(Please go to the City Clerk's website 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.)

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Date: 4/30/2013

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CITY OF MADISON

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Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 52

Name Richard Bonomo
Address 833 DAVE ST.

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Wish to Speak

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Name, address and telephone number of each person or organization you are representing:

N/A

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COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 52

Name Gail Geib
Address 1120 Chandler St.
Madison 53715

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Wish to Speak

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Date 4/30/13

Signature Gail Geib

Print Name Gail Geib



Date: 4/30/13

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 29432
52

Name Milton L. Poew
Address 3117 Todd Dr
Madison WI 53713

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
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AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 52

Name Mark Landgraf

Address _____

Please check one:

AND

Please check:

Support

Available to answer questions

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:

The Cathedral Parish

E. Main St.

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.)

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PLEASE PRINT CLEARLY

Name John Kothe
Address 8 Fuller Ct.
Madison

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Available to answer questions

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E. Main St.

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COMMITTEE

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Agenda No. 52

Name Kevin Page
Address 1023 Williamson St. #2
Madison

Please check one:

AND

Please check:

Support

Available to answer questions

Oppose

Neither Support Nor Oppose

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Agenda No. 52

Name Franny Ingebritson
Address 516 Wisconsin Ave. #1

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

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