

Date: 10-28-08

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. #4  
11967

Name Karel Wichmann  
Address 921 Troy Dr  
Madison, WI 53704

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

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

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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Date 10-28-08

Signature

Karol M. Wichmann

Print Name

Karol M Wichmann

Date: 10-28-08

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4  
11967

Name Niety I. McCOWNELL  
Address 1001 Troy Drive  
Madison, Wisc 53704

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

- Wish to speak
- Do not wish to speak
- Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 10/28/08

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

Agenda No. 4  
11967

PLEASE PRINT NAME CLEARLY

Name Cathy Gilligan  
Address 1017 Troy Drive

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

Please check the appropriate box:

- Wish to speak
- Do not wish to speak
- Available to answer questions

*attached Letter*

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.)

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Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 10/28/08

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

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PLEASE PRINT CLEARLY

Agenda No. 4  
11967

Name KRISTIN B. KILMARK  
Address 542 TROY Drive  
Madison WI 53704

Please check the appropriate boxes:

*I am an autistic adult Sidewalks are a SAFETY issue to walk to Warner Park.*

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Information Hearing..... 3 minutes  
Other Items..... 3 minutes

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REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



October 27, 2008

Madison City Council,

I wanted to attend your meeting on Tuesday evening, but my husband has a class at MATC and I need to be with our children.

I am writing to express my support for the sidewalk along Troy Drive. I support this investment for many reasons.

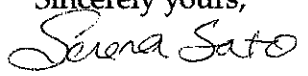
We walk our son to school (from Troy Gardens to Mendota). There is no sidewalk for about half of the Troy Drive distance we walk. Additionally, there are often people walking along the street in the evenings or at night (including us after school events) and it is very difficult to see them/us.

We cannot walk in the yards of the homes we pass because the grass may be wet and/or uncut, there is no path when it snows, and it is nearly impossible to push our stroller through yards (with our 2 year old). Imagine trying to walk through someone else's yard when it is dark.

The alternatives are to walk on the curb or on the street and around parked cars. There are no safe alternatives for walking paths in the dark or once the snow starts to pile up.

Drivers on Troy Drive do not stick to 25mph. It is easy to speed on this road since it is wide, making it even more dangerous for pedestrians.

We understand there is a cost involved and we regret the effect this has on Troy Drive homeowners. We appreciate the significant efforts Alder Schumacher has made to find a solution that will work. We encourage you to make this investment in the safety of our northside neighborhood.

Sincerely yours,  
  
Serena Sato  
556 Troy Drive



Date: 10/28/08

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. H  
11967

Name Greg Noggle  
Address \_\_\_\_\_

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

- Wish to speak
- Do not wish to speak
- Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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Speaking Limits: Public Hearing (Common Council) .....5 minutes  
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REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 10-28-06

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

Agenda No. 4  
11967

PLEASE PRINT CLEARLY

Name Jane Spakaski  
Address 1002 Troy Dr  
Madison WI 53704

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

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:  
\_\_\_\_\_  
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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  
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Speaking Limits: Public Hearing (Common Council).....5 minutes  
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Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 10/28/08

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 4  
11967

Name JACK SEVERSON  
Address 1002 TROY

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

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  
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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: 28 Oct 08

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>4</u> <u>11967</u>
-------------------------------------

Name RICHARD WATTS

Address 2414 FREMONT AVE  
MADISON WI

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

Please check the appropriate box:

- Wish to speak
- Do not wish to speak
- Available to answer questions

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:

JOHN C WATTS

1113 TROY DRIVE

MADISON WI 53704 608-244-4571

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  
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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 10/28/08

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

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PLEASE PRINT NAME CLEARLY

Agenda No. 4  
11967

Name Faye Quinlan  
Address 1013 Troy Dr.

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

- Wish to speak
- Do not wish to speak
- Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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Name, address and telephone number of each person or organization you are representing:  
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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 10-28-08

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>4</u>  11967
----------------------------------

Name CHARLES J. WILMANN  
 Address 921 TRAY DR  
MADISON WI 53704

Please check the appropriate boxes:

- Support  
 Oppose  
 Neither Support Nor Oppose

- and  Wish to speak  
 Do not wish to speak  
 Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: \_\_\_\_\_

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>4</u>
<u>11967</u>

Name VICKI LAWYER

Address 1310 TRAY DR

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

Please check the appropriate box:

- Wish to speak
- Do not wish to speak
- Available to answer questions

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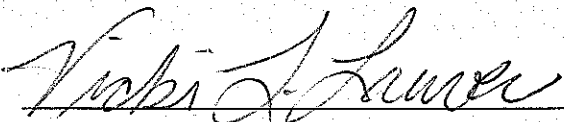
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Date 10/28/08

Signature   
Print Name Vicki Lawyer



Date: 10/28/08

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

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Agenda No. 4  
11967

Name Steven M Coleman  
Address 1026 TROY Drive  
Madison WI 53704

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

*(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 10-28-08

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>4</u> <u>11967</u>
-------------------------------------

Name Donald Szukis  
 Address 1101 Troy Dr  
Madison, WI 53704

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

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:

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---

Are you being paid for your representation?  Yes  No <sup>RLC</sup>

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

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

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Date 10/28/08

Signature

Donald Szukis

Print Name

Donald Szukis

Date: 10-28-08

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>4</u> <u>11967</u>
-------------------------------------

Name Dawn Coleman

Address 1026 Troy dr.

MADISON, WI 53704

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

- Wish to speak
- Do not wish to speak
- Available to answer questions

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

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 10/28/08

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 4  
11967

Name Lisa Bullard-Cawthorne  
Address \_\_\_\_\_

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

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:

Public Health - Madison + Dane County  
210 MLK Jr Blvd Rm 507

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

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

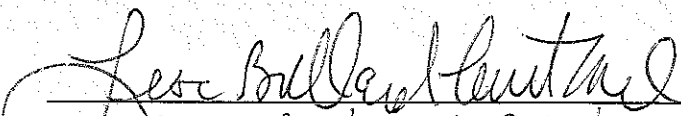
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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Date 10/28/08

Signature   
Print Name Lisa Bullard-Cawthorne



Date: 280208

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4  
11967

Name Lisa Wiese  
Address 913 Northland Dr  
Madison Wisconsin 53704

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

- Wish to speak
- Do not wish to speak
- Available to answer questions

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:  
Safe Communities, PO Box 6652, Madison WI 53716-0652  
(608) 256-6713

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

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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Date 280208

Signature

Print Name

  
Lisa M. Wiese

Date: 10/28/08

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4  
11967

Name CONSTANCE M. KILMARK  
Address 1802 WINNEBAGO ST  
MADISON WI 53704

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

- Wish to speak
- Do not wish to speak
- Available to answer questions

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: I am a board member of this non-profit  
MADISON AREA COMMUNITY LAND TRUST  
305 S. PATERSON ST.  
MADISON WI 53703 280-0131

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

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 10/28/08

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4  
11967

Name SCOTT SMITH  
Address 3302 ROBAN DRIVE  
MADISON, WI 53704

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

- Wish to speak
- Do not wish to speak
- Available to answer questions

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

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 10/28

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4  
11967

Name Cyndi Wood  
Address 3802 Toban Drive  
Madison, WI 53704

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

- Wish to speak
- Do not wish to speak
- Available to answer questions

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

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: 10/28/08

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>4</u> <u>11967</u>
-------------------------------------

Name Diane Love

Address 540 Troy Dr  
Madison

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

- Wish to speak
- Do not wish to speak
- Available to answer questions

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:

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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**

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 10/28/08

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 4  
11967

Name Pacia J Harper  
Address 528 Troy Dr.  
Madison WI 53704

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

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

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_