Date: 10-28-08

Please Print  PLEASE PRINT CLEARLY  Name  Address  Address  Address  Address  Address  Address  Address  Address  Address  Available to answer questions  At this meeting are you representing an organization or a person other than yourself: 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 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  Other Items	Registration Statement	Common Council
Agenda No.		THE COMMITTEE AND A SECRET AND THE RESERVE AND
Agenda No. Address   Support   Address   Support   Address   Support   Address   Support   Address   Support   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 (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)	Please Print	
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Address   Support   Multiple   Mu		Name Karol Wichmann
Please check the appropriate boxes:    Support	Agenda No.	Address 921 TROV DR
Please check the appropriate boxes:    Support	11967	Madison WI 5370
Support Oppose Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself:    Yes		
Oppose	Please check the appropriate boxes:	
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Information Hearing 3 minutes	(If you answered "no," STOP; you need not	
Information Hearing 3 minutes	Speaking Limits: Public Hearing (Com	mon Council)5 minutes
Litter items 4 minutes	Information Hearing	3 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, <b>STOP.</b> 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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·	Print Name Kon Kul M Wich Mayon

Date: 10-28-08

Kegistrati	on Statement -	Common Counc		
Please Print				
		PLEASE PRIN	T NAME CLEARLY	
	1/	Name Nieg	ty I. Mc Con	NELL
Agenda No.		Address 1201	TroyArive	
	11967	Ma	drean Wisc	5370
Please check the app	ropriate box:		Please check the appropri	ate box:
Support Oppose		AND	☐ Wish to speak ☐ Do not wish to speak	
	pport Nor Oppos	e	Available to answer que	stions
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Speaking Limits:	Information Hearing	nmon Council) 5 minute 3 minute 3 minute	es	

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
(If you answ this form If	ered "yes" to the question, <b>STOP.</b> 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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Date	Signature
	Print Name

Date: 10/28/08

Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Cathy Gillyon Address 1017 Troy Prive
11967	e din National de la Carlo de la Carlo La Carlo de la
Please check the appropriate box:	Please check the appropriate box:
<ul> <li>□ Support</li> <li>□ Oppose</li> <li>□ Neither Support Nor Oppos</li> </ul>	Wish to speak  Do not wish to speak  Available to answer questions  Coffee See Lefter
	anization or a person other than yourself:  Yes No ot complete the rest of this form. If you answered "yes," provide the name question.)
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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)	d duties for this person or organization?  Yes No ot complete the rest of this form. If you answered "yes," go on to the next
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Date	Signature
	Drint Name

Date: 10 28 08

## **CITY OF MADISON**

Registration Statement - Common Council

Please Print	
	PLEASE PRINT CLEARLY
Agenda No. 4	Name KRISTIN B. KILMARK  Address 542 TROY Drive  Malison WT 53704
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose	I am autistic about Sidewalks  are a SAFETY ISSUE to walk to warmer Par  and Wish to speak  Do not wish to speak  Available to answer questions
At this meeting are you representing an organize	omplete the rest of this form. If you answered "yes," provide the name
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Name, address and telephone number of each part of each p	person or organization you are representing:

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	ered "yes" to the question, <b>STOP.</b> 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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, –	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

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 <u>cannot</u> 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 though 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 <u>no</u> safe alternatives for walking paths in the dark or once the snow starts to pile up.

Drivers on Troy Drive do <u>not</u> 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: 10/08/08

Registration Stateme	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 11967	Name Greg Nocoh Address
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor O  At this meeting are you representing a  Office of the control of the cont	AND  Wish to speak  Do not wish to speak  Available to answer questions  The provided the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the	next question) of each person or organization you are representing:
Are you being paid for your represent	ation? Yes No
Are you appearing as part of your oth (If you answered "no," STOP; you n question)	er paid duties for this person or organization? Yes No eed not complete the rest of this form. If you answered "yes," go on to the next
Information H	g (Common Council) 5 minutes eating 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?  Yes No
	wered "yes" to the question, <b>STOP</b> . 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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Date	Signature
	Print Name

Date: 10-28-04

Registration Statement	COMMITTEE	ouncii		
Please Print	PLEASE PI	RINT CLEARLY		
$\mathcal{U}$	Name _	Jane S	pakos	ki
Agenda No. 7	Address	madiso	OU D	53704
Please check the appropriate boxes:				
<ul> <li>☐ Support</li> <li>☒ Oppose</li> <li>☐ Neither Support Nor Oppose</li> </ul>		nd 🛚 Wish to sp Do not wis Available		stions
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Are you being paid for your representation?			☐ Yes	□⁄No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question)			Yes Yes,'	☑ No ' go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items		minutes		

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)
Date		Signature
		Print Name

	Date:	128/08
	CITY OF MADISON	
Registration Statement -	Common Council	
Please Print	PLEASE PRINT CLEARLY Severson	
Agenda No	Name  Address  PLEASE PRINT CLEARLY  JACK Severson  1002 TROY	
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose 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 quantity.	nization or a person other than yourself: Yes complete the rest of this form. If you answered "yes," p	ŊNo
Name, address and telephone number of eac	h person or organization you are representing:	
Are you being paid for your representation?	☐ Yes	□No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need no question)	duties for this person or organization?	□ No go on to the next

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

Speaking Limits:

Are you an el other government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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Date	Signature
	Print Name

Date: 28 Oct 08

Registration Statement	Common C	ouncil
Please Print	JONINA TEL	
	PLEASE	PRINT NAME CLEARLY
	Name	RICHARD WATTS
Agenda No.	Address	2414 FREMONT AVE
11967		MADISON WI
Please check the appropriate box:		Please check the appropriate box:
<ul> <li>Support</li> <li>Oppose</li> <li>Neither Support Nor Oppose</li> </ul>	AND	Wish to speak
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next quality of the state of the st	complete the rest	on other than yourself: \( \sum \) Yes \( \sum \) No of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organi	zation you are representing:
1113 TROY DRIVE		
MADISON WI 537	04 608	-244-4571
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 not question.)		son or organization?
Speaking Limits: Public Hearing (Com Information Hearing Other Items	nigitaria de compartica de la computação d	3 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?  Yes No
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Date	Signature Print Name

Date: 10/28/08

Registration Statement -	Common Co	uncil
	COWIVITTEE	
Please Print	PLEASE F	PRINT NAME CLEARLY
	Name	tane Quinlan
Agenda No.	Address _	013 Troy Dr
11967		
Please check the appropriate box:		Please check the appropriate box:
Support		Wish to speak
<b>Oppose</b>	AND	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppos	<b>se</b>	
At this meeting are you representing an organism (If you answered "no," STOP; you need not of who you represent and go on to the next to	ot complete the rest of	other than yourself: Yes No this form. If you answered "yes," provide the name
Name, address and telephone number of each	ch person or organiza	tion you are representing:
Are you being paid for your representation?	?	☐ Yes 📈 No
Are you appearing as part of your other pair (If you answered "no," STOP; you need no question)		n or organization?
Information Hearing	mmon Council) 5	minutes

Are you an other gover	elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or municipality or least the solely of the solely o
(If you ans this form. I	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question)
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Date	Signature
	Print Name

Date:	10-	28	08

Registrati	on Statement - <u>(</u>	Common (	Counc	<u>:il</u>		
Please Print		ing in the second of the	10.00	CLEARLY		
Agenda No.	11967	Name Address	921 17	TROY DDISON	J.W. DR WI	53704
Please check the appropriate Support Oppose Neither Su	opriate boxes:  pport Nor Oppose		and	✓ Wish to sp ☐ Do not wis ☐ Available t		stions
(If you answered "no, of who you represent	ou representing an organiz "STOP; you need not co and go on to the next ques dephone number of each p	mplete the res tion)	t of this	form. If you an		☑ No " provide the name
Are you being paid fo	or your representation?	:			☐ Yes	□ No
Are you appearing as (If you answered "no question)	part of your other paid du," STOP; you need not co	ties for this po implete the re	erson or st of this	organization? form If you ar	☐ Yes aswered "yes,	☐ No " go on to the next
Speaking Limits:	Public Hearing (Commo Information Hearing Other Items	« « « « « » « » « » « » « » « » « » « »	3 minu	ites		

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Date _		Signature
		Print Name

			Date:	<u> 17 + 13 + 1</u> + 1
		CITY OF MAD	ISON	
Registrat	ion Statement -	Common Co	ouncil	
		COMMITTEE		
Please Print				
		PLEASE	PRINT NAME CLEARLY	
	//	Name _	VICKI Lawyer	
Agenda No.	7	Address	1210 Tran Dr	
	11967			
Please check the app	propriate box:		Please check the appropriate box:	
☐ Support			Wish to speak	
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te 10/28/08 Signature Trobs France
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Date: 10/28/08

Registration Statement C	Common Council
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	Clause W. Calama
	Name <u>574040 711 (618746</u> ~
Agenda No.	Address 1026 / ROY DAILE
11967	Name Steven M Coleman Address 1026 TROY Drive Madison WI 53704
Please check the appropriate boxes:	경기 등 기본 가장 수 있다는 것이 되었다. 그 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들이 되었다. 
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Oppose Neither Support Nor Oppose	Available to answer questions
Neither Support Not Oppose	
At this meeting are you representing an organiza	ation or a person other than yourself:  Yes  No mplete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next quest	tion)
Name, address and telephone number of each pe	arean or organization you are representing
Name, address and telephone number of each pe	ison of organization you are representing.
Are you being paid for your representation?	☐ Yes ∠ No
Are you appearing as part of your other paid dut	ties for this person or organization?
(If you answered "no," STOP; you need not co.	mplete the rest of this form. If you answered "yes," go on to the next
question)	
Speaking Limits: Public Hearing (Commo	n Council)5 minutes
Information Hearing	3 minutes
Other Items	minutes : in the second

	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, <b>STOP.</b> 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:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 10-28-08

Registration Statement -	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Dongld 22411.5
Agenda No	Address 1/0/ Tray D
11967	Name Donyld Szukis  Address 1101 Troy p.  Midlisch L 53704
Please check the appropriate boxes:	
☐ Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppos	Available to answer questions
	있는 하고 하는 모르는 일으로 하는 하는 <u>라는</u> 데 하는 <u>네</u> 트를 모르는다.
At this meeting are you representing an orga	anization or a person other than yourself: Yes No with complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next of	
Name, address and telephone number of each	ch person or organization you are representing:
Are you being paid for your representation?	☐ Yes
Are you appearing as part of your other paid	I duties for this person or organization?  Yes No No to complete the rest of this form. If you answered "yes," go on to the next
question)	to complete the rest of this former by you unswered yes, go on to the next
	nmon Council)5 minutes
	3 minutes
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	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, <b>STOP.</b> 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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Room 103 of	to the City Clerk's website <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date //	$\frac{28/08}{\text{Signature}} \qquad \frac{D \circ nald }{\text{Subs}}$ Print Name $\frac{D \circ nald }{\text{Signature}} \qquad \frac{52 \text{ ykis}}{\text{Signature}}$
	Print Name $D \circ h \circ d \circ S = 24/10$

Date: 10-28-08

ixeyistiati	on Statement	COMMITTEE	<u> Yuncıı</u>	
Please Print				
		PLEASE I	PRINT NAME CLEARL	Y
X		Name \(\)	DAWN Colen	<u> </u>
Agenda No		Address )	OZ6 Troy dr.	
	11967	1	MADISON; WI	53704
Please check the app	ropriate box:		Please check the app	propriate box:
Support		AND	Wish to speak  Do not wish to sp	
Oppose Neither Su	L pport Nor Oppose		Available to answ	
(If you answered "no, of who you represent	" <b>STOP;</b> you need not and go on to the next q	complete the rest o uestion)	other than yourself:   f this form If you answered   tion you are representing:	Yes ANO "yes," provide the name
Are you being paid fo	r your representation?			Yes No
Are you appearing as (If you answered "no, question)	part of your other paid " STOP; you need not	duties for this perso complete the rest o	on or organization?  If this form. If you answered	Yes No I "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		minutes	

	an elected official or employee who is appearing solely on behalf of your office or for your municipality or overnmental body?
	answered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign m. If you answered "no" to the question, go on to the next question.)
If you that:	are being paid for your representation, or if your appearance is part of other paid duties, please be advised
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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	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?
	go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at 03 of the City-County Building, Madison, for more information.)
Date _	Signature
	Print Name

Date: 1428/08

Registration Statement	COMMITTEE COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Lisa Bullard-Chuthorne
Agenda No.	Address
11967	
Please check the appropriate boxes:	
<b>∑</b> Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	<b>?</b> : 지원 : : : : : : : : : : : : : : : : :
At this meeting are you representing an orga (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 q	uestion.)
	h person or organization you are representing:
Public Health-Mad 210 MLIC Jr BN	in Dane County
215 MAI 18 Per BALL	1 Rm 50
TO MILE OV OIL	
Are you being paid for your representation?	☐XYes ☐ No
Are you appearing as part of your other paid	duties for this person or organization? Yes No
(If you answered "no," <b>STOP</b> ; you need not question)	t complete the rest of this form. If you answered "yes," go on to the next
	nmon Council) 5 minutes 3 minutes
Other Items	minutes 3 minutes

	본 본어님의 보는 전문에 아내가 본 번 하실 악악은 본입 고급하스트의 연호 보는 경험 등로 일반 모임을 들을 하는 것이다.	
Are you an el other governm	lected official or employee who is appearing solely on behalf of your office or for your municipalimental body?  Yes No	ty or
(If you answe this form. If y	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must you answered "no" to the question, go on to the next question)	sign
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be adv	/ised
	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?	
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Offic the City-County Building, Madison, for more information.)	e at
Date	52808 Signature Les Bullque Central	
	Print Name / LCa for land- awthen	

Date: 20108

Registrati		OMMITTEE	ouncil		
Please Print		PLEASE	PRINT NAME	CLEARLY	
Agenda No. /	11967	Name		liese orthland Dr n Wisconsin	53704
Please check the app	ropriate box:		Please cl	neck the appropriate bo	) <b>X:</b>
Support Oppose Neither Su	pport Nor Oppose	AND		to speak ot wish to speak able to answer questions	
(If you answered "no, of who you represent a	u representing an organiza "STOP; you need not con and go on to the next quest ephone number of each per	nplete the rest o ion)	f this form If yo	ou answered "yes," prov	No ide the name
	runtied, Po Box				>
(608) 2	156-6713				
Are you being paid for	your representation?			⊠ Yes □	No
	part of your other paid duti " <b>STOP;</b> you need not con				No n to the next
Speaking Limits:	Public Hearing (Commor Information Hearing Other Items		minutes		

	for your municipality or Yes  \text{No}		
	scept that you must sign		
ion, or if your appearance is part of other paid du	ities, please be advised		
ying as a lobbyist, you or your principal must file a	an authorization		
Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
ncipal must file expense statements with the City			
	the Clerk's Office at		
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ignature			
rint Name Lisa M. Wiese			
	tion, or if your appearance is part of other paid do ying as a lobbyist, you or your principal must file a will owe more than \$1,000 for lobbying services incipal must file expense statements with the Cityear?  www.cityofmadison.com/clerk/index.html or go to adison, for more information)		

Date:	10/28/	108
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Registration	on Statement	Common Cou	ncil	· · · · · · · · · · · · · · · · · · ·	
Please Print  Agenda No.	11967	Name	RINT NAME CLEA ONSTANCE 802 WINNE NADISON	M. Kii BAGO	<u>S7</u>
Please check the appr		<del>  </del> -	Please check the		
Support Oppose Neither Sup	oport Nor Oppose	AND	<ul><li>✓ Wish to speal</li><li>☐ Do not wish t</li><li>☐ Available to a</li></ul>	o speak	iions
At this meeting are you (If you answered "no," of who you represent a Name, address and tele	'STOP; you need not	complete the rest of t	his form. If you answe		
	AREA (DIMM			10010	
	PATERSON	,			
MADISON	Wr 5370	3	280-013		
Are you being paid for	your representation?			Yes	<b>⊠</b> No
Are you appearing as p (If you answered "no," question.)	oart of your other paid of STOP; you need not	duties for this person complete the rest of	or organization? this form If you answ	☐ Yes ered "yes,"	്⊠ No go on to the next
Speaking Limits:	Public Hearing (Communication 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?  Yes No	
	ered "yes" to the question, <b>STOP.</b> 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	
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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: 10 28 02

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 4	Name Scott Smith  Address 3302 7005AD DR.NE  MADISON, WI 53704
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	AND
	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name uestion)
Name, address and telephone number of each	n person or organization you are representing:
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 not question)	duties for this person or organization?   Yes  No  complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

Are you ar other gove	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you ans this form	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign f you answered "no" to the question, go on to the next question)
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(Please go Room 103	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date:	101	2-8

Registration State	common common	Councii	
Please Print		SE PRINT NAME CLEA	ARLY
Agenda No.	Name ————————————————————————————————————	Cyndi Wood 3802 Toba Madison	n 1071/10 W 53704
Please check the appropriate	box:	Please check th	e appropriate box:
Support Oppose Neither Support N  At this meeting are you represe (If you answered "no," STOP; of who you represent and go on Name, address and telephone no	nting an organization or a pe you need not complete the r to the next question)	erson other than yourself: est of this form If you answ	to speak answer questions  Yes No wered "yes," provide the name
Are you being paid for your rep	presentation?		☐ Yes X No
Are you appearing as part of you (If you answered "no," STOP; question.)	ur other paid duties for this you need not complete the i	person or organization? rest of this form. If you ans	Yes No wered "yes," go on to the next
Informa	Hearing (Common Council) tion Hearing ems	3 minutes	

•	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, <b>STOP.</b> 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:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date	Signature
	Print Name

		Date: 10/28/08	
	CITY OF MADIS	ON	
Registration Statement	Common Cou	ncil	
Please Print			
	PLEASE PR	RINT NAME CLEARLY	
	Name	Diane love	
Agenda No.	Address	540 Troy Dr	
11967		Madison	
Please check the appropriate box:		Please check the appropriate box:	
Support     □		Wish to speak	
Oppose	AND	<ul><li>Do not wish to speak</li><li>Available to answer questions</li></ul>	
Neither Support Nor Oppose			
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest of th	her than yourself: Yes X No his form If you answered "yes," provide t	he name
Name, address and telephone number of each	person or organizatio	on you are representing:	
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 not	luties for this person complete the rest of the	or organization?	the next

Public Hearing (Common Council) 5 minutes
Information Hearing 3 minutes
Other Items 3 minutes

question)

Speaking Limits:

	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, <b>STOP.</b> 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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Data	
Date	Signature Print Name

	Date: 10/28/08
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	思想的 かった データー アード
Agenda No.	Name   derd 5 /10/ per
	Name Pacia J Harper  Address 528 Troy Or.  Madrson WI 53704
11967	Madison WL 3 709
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 organ (If you answered "no," STOP; you need not of who you represent and go on to the next quality of the state of the st	complete the rest of this form. If you answered "yes," provide the nam
Name, address and telephone number of each	n person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid	
(If you answered "no," <b>STOP</b> ; you need not question.)	complete the rest of this form. If you answered "yes," go on to the ne
Speaking Limits: Dublic Heaving (Com	. The control of the
	mon Council)5 minutes 3 minutes

Other Items.....3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name