

Date: 8/23/17

CITY OF MADISON

Registration Statement - \_\_\_\_\_  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. \_\_\_\_\_

Name Chris Stangel (646) 533-5616 (C)  
Address 133 E. Gilman St.  
Madison, WI 53703

Please check the appropriate boxes:

- Support
- Oppose (Price)
- 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:

Stangel Trust, Paul & June  
(256) 284-5087 (C)

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)