		Date: _	10-28-03
	CITY OF MAD	ISON	
Registration Statement -	Common Co	ouncil	
Please Print			
	PLEASE	PRINT NAME CLEARLY	
	Name _	Tyer Wood	
Agenda No.	Address	Tylar Wood	Rol
11788		Madison W	
Please check the appropriate box:		Please check the appr	opriate box:
Support Oppose Neither Support Nor Oppose	AND Wish to speak Do not wish to speak		
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 o	other than yourself: of this form. If you answered '	Yes 🕍 No 'yes," provide the name
Name, address and telephone number of eac	h person or organiza	ation 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 no question)	duties for this person t complete the rest of	on or organization? of this form. If you answered '	Yes No 'yes," go on to the next

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

Speaking Limits:

REGISTRATION STATEMENT - PAGE 2

	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)
If you are l that:	peing 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 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 10/28/08

CITY OF MADISON

Registration Statement	Common Council COMMITTEE
Please Print Agenda No. 11788	PLEASE PRINT NAME CLEARLY Name Reed Peterson Address 4/74 Cherokee Dr. Madism, W1 53711
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 organ (If you answered "no," STOP ; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
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

REGISTRATION STATEMENT - PAGE 2

Are you an other govern	elected 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	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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Date	Signature
	Print Name