



Date: 9/18/2012

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4

Name TAMAR PARDEE
Address 6305 JACOBS WAY
MADISON, WIS, 53711

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
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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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Agenda No. 4

Name Gloria Meyer
Address 13 Jacob's Ct
Madison, WI 53711

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to Speak

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WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

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PLEASE PRINT NAME CLEARLY

Agenda No. 4

Name Sherrri Swartz
Address 2402 Prairie Rd.
Madison

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to Speak

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Date 9/18/12

Signature Sherril Swartz

Print Name Sherril Swartz



Date: Sept 18, 2012

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4

Name Valerie Vance
Address 1405 Theresa Terrace

Please check one:

AND

Please check:

Support

Wish to Speak

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:
Valerie Vance - Representing Theresa Terrace/Hammerby
Neighborhood Group

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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Signature _____

Print Name _____



Date: 9/18/12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

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PLEASE PRINT NAME CLEARLY

Agenda No. 4

Name James Pardee
Address 6305 Jacobs Way
Madison

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Wish to Speak

In favor of neighborhood house on Theresa Ln.

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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Print Name _____



Date: 9/18/12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4

Name Kevin Wymore

Address 1422 Lucy Ln
Madison

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:

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Date _____

Signature _____

Print Name _____

Date: 7/18/12

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 2013 4

Name Ali Brooks
Address 417 Rogers St - Apt. B

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:
~~South~~ Southwest Madison Community Organizers

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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Signature _____

Print Name _____

Date: 9/18/12

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

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Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 2013 4

Name Deo Sharay Phillips
Address 1413 Theresa Terrace

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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Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 2013 4

Name Asnanti Freeman

Address _____

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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Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 2013 4

Name JAMILA HAYES
Address 1412 Theresa Terrace

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
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PLEASE PRINT NAME CLEARLY

Name J'miya Green
Address 1415 Theresa Terrace

Agenda No. 2013 4

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- 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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