



Date: 4/19/11

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. #95

PLEASE PRINT NAME CLEARLY

Name Sylvia Moss
Address 1518 Brynwood Dr
Madison, WI 53716

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Do not 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
(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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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____



Date: 19 April 2011

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95 + 96

Name Dan Kolfs
Address 2805 Oakridge Ave
Madison 53704

Please check one:

AND

Please check:

Support

Do not 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:

Are you being paid for your representation? Yes No

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

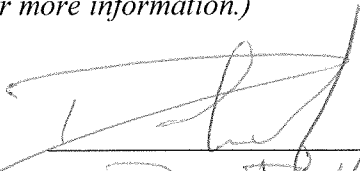
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Date 19 April 2011 Signature 
Print Name Dan Kolts



Date: 4/19/11

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. # 95

Name LORIE OLSON
Address _____

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Do not 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
(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

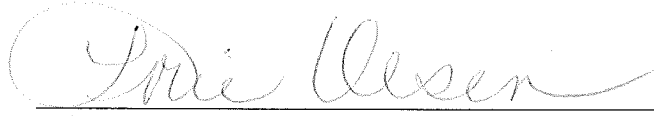
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Date 4/19/11

Signature 

Print Name LORIE OLSEN



Date: 4/19/2011

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 95

PLEASE PRINT NAME CLEARLY

Name Christie Hill
Address 2821 Warner Street
Madison, WI
53713

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not 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
(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

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REGISTRATION STATEMENT - PAGE 2

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Date 4/19/2011

Signature Christie Hill

Print Name Christie Hill



Date: 4/19/2011

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Ariel Ford
Address 613 N. Midvale #3
Madison, WI 53705

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Do not 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

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(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
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Other Items.....3 minutes

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REGISTRATION STATEMENT - PAGE 2

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Date April 19, 2011 Signature 
Print Name Ariel Ford



Date: 4/19/11

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Annie Weatherby Flowers
Address 4809 Splent Road
Madison, WI 53718

Please check one:

AND

Please check:

Support

Do not 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:

Are you being paid for your representation? Yes No

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Date _____

Signature _____

Print Name _____



Date: 4/19/2011

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name RICHARD BUSS
Address 5729 Blacksmith Ln.
MADISON 53714

Please check one: AND Please check:
 Support Do not 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:

Are you being paid for your representation? Yes No

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Date _____

Signature _____

Print Name _____



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95 ~~15~~

Name TERRI GENIN
Address 796 Golf Parkway
Madison, WI

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Do not 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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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 9 Apr 2011

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>25</u>

Name PAUL T. O'LEARY

Address 1134 E. MIFFLIN ST
53703

Please check one:

AND

Please check:

Support

Do not 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:

Are you being paid for your representation? Yes No

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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: April 19 2011

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Julie McRoberts
Address 3823 Sycamore Ave
Madison WI 53714

Please check one:

AND

Please check:

Support

Do not 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:

Member of MPSEA

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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Date 4/19/11

Signature Julie A. McRoberts
Print Name Julie A McRoberts



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name JOYCE THOMPSON
Address 468 MEANDERWOOD RD
OREGON WI 53575

Please check one:

AND

Please check:

Support

Do not 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:
MPSEA - IN SUPPORT OF MPSEA

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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Signature _____

Print Name _____