

Date: 9/12/12 ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. F1

Name Jon Mack

Address 2400 Calypso Rd

Please check the appropriate boxes: Ald. Verveers

- Support 26603 Alternate ordinance and
- Oppose
- Neither Support Nor Oppose

- Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Name, address and telephone number of each person or organization you are representing:

Cab Drivers For Madison Safety & Self

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: 9/12/12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Agenda No. F1 2663

Name Hawk Sullivan

Address 4613 Maher

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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.)

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CITY OF MADISON

Registration Statement – Transit and Parking Commission



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PLEASE PRINT CLEARLY

Agenda No. F1

Name ROSEMARY LEE
Address 111 W WILSON
53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing..... 5 minutes
 Information Hearing..... 3 minutes
 Other Items..... 3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

SUPPORT ALDER VERVEER'S VERSION 2 - 10:00A - 4:00A

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.)

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CITY OF MADISON

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PLEASE PRINT CLEARLY

Agenda No. F.1

Name Mary Carbine
Address 122 W. Washington Ave
Madison 53703

Please check the appropriate boxes:

- Support 1st Alternate but w/ 7PM start time and
- Oppose
- Neither Support Nor Oppose

- Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Madison Central BID
122 W. Washington Ave. #250
Madison WI 53703
608-512-1340

Name, address and telephone number of each person or organization you are representing:

X

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: _____

CITY OF MADISON

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PLEASE PRINT CLEARLY

Agenda No. F1

Name David Lee
Address 2458 Pennsylvania Avenue
Madison WI 53704

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Empty box for comments related to the item on the agenda.

Name, address and telephone number of each person or organization you are representing:

Unlaw Cab Steering Team

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: 9/12/12 ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Agenda No. F.1 - 26003

Name Dee Pachhofer

Address 120 S Blair St #1
Madison 53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing..... 5 minutes
 Information Hearing..... 3 minutes
 Other Items..... 3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

I approve of and support both recommendations for taxis on State Street either 7p-42 or 10p-42.

Name, address and telephone number of each person or organization you are representing:

Union Cab of Madison 608 242 2000 2458 Pennsylvania Av

Cab Drivers for Madison Safety Madison, WI

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: 9/12/12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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Agenda No. F1

PLEASE PRINT CLEARLY

Name Christina Ballard
Address 1624 Fordem Ave #203
Madison WI 53704

Please check the appropriate boxes:

- Support 26603
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Support 26603 Alder Verver's
Alternate Amendments

Name, address and telephone number of each person or organization you are representing:

Cab Drivers For Madison Safety 608-370-0107

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: 9/12/12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.



PLEASE PRINT CLEARLY

Agenda No. F1

Name Jason Glomp
Address 1624 Fordan Ave #203
Madison WI 53704

Please check the appropriate boxes:

- Support 26603
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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.)

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Date: 9/12/12 ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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Agenda No. P1

PLEASE PRINT CLEARLY

Name Michael Dentice
Address 533 Lisa Ann Dr
Madison, WI

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

Video presentation

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

I would like to use my time for a video to be shown.

~~Video~~

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.)

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Date: 10-12-12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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Agenda No. 26603

PLEASE PRINT CLEARLY

Name Greg Frank
Address 5 Wallingford Cir
Mad WI 53717

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Support 7pm start

Name, address and telephone number of each person or organization you are representing:

Food Fight Restaurant Group 414 West Main

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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CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Agenda No. F1

Name FRANK MATTINGLY
Address 2832 MYRTLE ST
MADISON, WI 53704

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

[Empty box for comments]

Name, address and telephone number of each person or organization you are representing:

UNION CAB OF MADISON
242-2000 2458 PENNSYLVANIA AVE
MADISON, WI 53704

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: 01/12/12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Agenda No. F1

Name DAVID ROSSING

Address 1129 ELIZABETH ST.

MADISON, WI 53703

Please check the appropriate boxes:

- Support (checked)
Oppose
Neither Support Nor Oppose

- Wish to speak (checked)
Do not wish to speak
Available to answer questions

Speaking Limits: Public Hearing... 5 minutes
Information Hearing... 3 minutes
Other Items... 3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes (checked) No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Empty box for comments related to the item on the agenda.

Name, address and telephone number of each person or organization you are representing:

UNION CAB OF MADISON (608) 242-2000

Are you being paid for your representation? Yes No (checked)

Are you appearing as part of your other paid duties for this person or organization? Yes No (checked)

(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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PLEASE PRINT CLEARLY

Agenda No. F.1

Name Kristin Forde
Address 2336 Superior St
Madison, WI 53704

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

[Empty text box for comments]

Name, address and telephone number of each person or organization you are representing:

[Empty lines for name, address, and telephone number]

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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CITY OF MADISON

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PLEASE PRINT CLEARLY

Name Sub Archer
Address 615 E. Washington

Agenda No. F 1

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Name, address and telephone number of each person or organization you are representing:

Greater Madison Convention & Visitors Bureau
615 E. Washington Ave.
Madison WI

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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PLEASE PRINT CLEARLY

Name DIANE MORGENTHAUER
Address 615 E WASHINGTON
MADISON 53703

Agenda No. F.1 26603

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Name, address and telephone number of each person or organization you are representing:

DIANE MORGENTHAUER
615 E WASHINGTON AVE
MADISON WI 53703

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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CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Name Pam McCord

Address 305 STATE ST.

Agenda No. F1

Please check the appropriate boxes:

- Support *with modification*
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing..... 5 minutes
 Information Hearing..... 3 minutes
 Other Items..... 3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

I would like to tell the commission what my customers at Tutto Pasta gave me as their feedback for cabs not allowed to drive on state to be hauled.

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.)

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PLEASE PRINT CLEARLY

Agenda No. F.1.

Name Ald. Mike Vervees

Address 614 W. Doty Street, #407

Please check the appropriate boxes:

- Support Alternate
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Name, address and telephone number of each person or organization you are representing:

413 Aldermanic District

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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