

Date: \_\_\_\_\_

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>12</u>
----------------------

Name JOE MENZEL

Address 800 Progress Way

San Prairie, WI 53596

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:

Prarie Lad

SP

857 7309

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](http://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: 12.15.09

CITY OF MADISON

Registration Statement Common Council

COMMITTEE

Please Print

SAME AS 12

PLEASE PRINT CLEARLY

Saul Glazer

Agenda No. 113

Name

~~Saul Glazer~~

Address

2320 Rowley Ave  
Madison

Please check the appropriate boxes:

- 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  
(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:

Prairie Land Bowling  
868 Progress Way  
Sun Prairie 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.)

Speaking Limits:

- Public Hearing (Common Council)..... 5 minutes
- Information Hearing..... 3 minutes
- Other Items..... 3 minutes

(SEE BACK)

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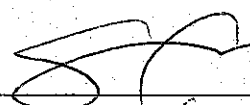
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Date 12.15.09

Signature



Print Name

Saul Glazer

Date: \_\_\_\_\_

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>113</u>
-----------------------

Name TODD MENZEL

Address 868 Progress Way  
SP

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  
*(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:

Francis Lord

SP

857 7309

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 \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 12-15-2009

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 12/113

Name Peter Conrad  
Address 2.E. Mifflin  
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

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

Prairie Land Towing  
808 Progress Way  
Sun Prairie 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 12-15-2009

Signature



Print Name

Peter J. Conrad



Date: 12/15/09

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 12

Name Saul Glazer  
Address 2320 Rowley  
Madison

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

- and
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Date 12.15.09

Signature 

Print Name Sam Glazer