Date: 2/	13/	2016	
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Registratio	n Statement
Please Print  Oenni let  Agenda No	Street Project  Name Masting Hobi
At this meeting are you (If you answered "no," of who you represent an	and Wish to speak Do not wish to speak Available to answer questions  representing an organization or a person other than yourself: Yes No  STOP; you need not complete the rest of this form. If you answered "yes," provide the name d go on to the next question.)  whone number of each person or organization you are representing:
(If you answered "no," question.)  Speaking Limits:	vour representation?  The representation?  Yes No  The representation or organization?  Yes No  STOP; you need not complete the rest of this form. If you answered "yes," go on to the next  Public Hearing (Common Council) 5 minutes  Information Hearing

Date:	2/3/2016	

Registrati	on Statement -					
		COMMITTEE				
Please Print		PLEASE	PRINT (	CLEARLY		
Agenda No. 5		Name		sel Stampfl		
LEWIFER STRE	ET PROJECT	Address	5370	Spaight & D3 Mordiscr	5	
Please check the appro	opriate boxes:					
Support Oppose Neither Su	pport Nor Oppos	e	and	☐ Wish to spea ☐ Do not wish ☐ Available to	ik to speak answer quest	tions
At this meeting are yo (If you answered "no, of who you represent of	" STOP; you need no	t complete the re			☐ Yes vered "yes," j	□ No provide the name
Name, address and tele	ephone number of eac	h person or organ	nization y	you are representi	ng:	
Are you being paid for	r your representation?				Yes	☐ No
Are you appearing as J (If you answered "no, question.)					☐ Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minut	tes		

Date: 2/3/16

Registration Statement -	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 5 (Tenific St Recon.)	Name Larry Jensen Address 1618 Jenifer St  Madison WI 53704-5522
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	wish to speak  calming,  Do not wish to speak  py & undergrounding  Available to answer questions  high voltage wires.  unization or a person other than yourself:  Tyes  No  t complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation?  Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	☐ Yes ☐ No  I duties for this person or organization? ☐ Yes ☐ No  It complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 

Date: Feb 3, 16

Registration Statement -	BPW
Diagon Drivet	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
41,616	Name John Colongan
Agenda No	Address 4/3 3 Nucleum 673707
	<u> </u>
Please check the appropriate boxes:	
Support Tois Canal	and Wish to speak  Do not wish to speak
Support Oppose Contain aspect	Available to answer questions
At this meeting are you representing an org	anization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of ea	ch person or organization you are representing:  6 tree-tre  Committee
Will/ar Center	Venifer &. 256-8164
Are you being paid for your representation	? Yes No
Are you appearing as part of your other pair (If you answered "no," STOP; you need no question.)	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearin	mmon Council) 5 minutes g 3 minutes 3 minutes

		esche que	Date: 2/3	116	_
	CITY OF MAI	DISON			
Registration Statement -	COMMITTEE				
Please Print	PLEASE I	PRINT CLEARLY			
Agenda No. To Si RELON	Name Address	NICK SENTENER	ioan S7		
Please check the appropriate boxes:					
Support Oppose Neither Support Nor Oppos		and Wish to spe  Do not wish  Available to		tions	
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of	ot complete the rest	on other than yourself: of this form. If you ans	☐ Yes wered "yes,"]	☑ No provide the nam	ıe
Name, address and telephone number of each	ch person or organi	zation you are represent	ting:		
Are you being paid for your representation?	•		☐ Yes	□No	
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need no question.)			☐ Yes swered "yes,"	No go on to the ne.	χI

Public Hearing (Common Council) ..... 5 minutes

Speaking Limits:

	Date: 2/3/16		
	CITY OF MADISON		
Registration Statement	- Board of Public Works		
Agenda No. 5 Legistar # 41518	PLEASE PRINT CLEARLY  Name Lestie Schroeder  Address 854 Jenifer St  Madyon		
Please check the appropriate boxes:			
Support Oppose Neither Support Nor Oppo	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," <b>STOP</b> ; 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 ea	ach person or organization you are representing:		
Are you being paid for your representation	? Yes No		
Are you appearing as part of your other pair (If you answered "no," <b>STOP</b> ; you need n question.)	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next		
Information Hearin	mmon Council) 5 minutes g 3 minutes 3 minutes		

Date: 3 Feb 2016

Registration Statement - COMMIT	rd of Public Works
Please Print	PLEASE PRINT CLEARLY
	Name Anne Walker Address 1709 Winnebago St 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 of (If you answered "no," <b>STOP</b> ; you need not complete of who you represent and go on to the next question.)	or a person other than yourself: Yes No e the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each person	or organization you are representing:
Marquete Neighborhe	ed Association
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duties for (If you answered "no," <b>STOP</b> ; you need not complet question.)	or this person or organization?  Yes No re the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Cou Information Hearing Other Items	3 minutes

	CITY OF MADISON BPW
Registration Statement -	Board of Estinates  COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Mike Engel  Address 826 Senifer St  Madison W1 53703
Please check the appropriate boxes:	
<ul><li>Support</li><li>✓ Oppose</li><li>Neither Support Nor Oppose</li></ul>	and Wish to speak  Do not wish to speak  Available to answer questions
(If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next	ganization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name question.)  sch person or organization you are representing:
Are you being paid for your representation	? Yes No
Are you appearing as part of your other pai (If you answered "no," <b>STOP</b> ; you need n question.)	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearin	mmon Council) 5 minutes g 3 minutes 3 minutes

3:30

Date: 2-3-/6

Publ 2 WORKS

	CONTRICTE
Please Print	PLEASE PRINT CLEARLY
Agenda No	Name Autreu Lesondale Address 1219 Spaight St. Mad 130, WI 53707
Please check the appropriate box	xes:
(If you answered "no," STOP; of who you represent and go on	nting an organization or a person other than yourself: Yes No wou need not complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your repr	resentation?
	ur other paid duties for this person or organization?   Yes No you need not complete the rest of this form. If you answered "yes," go on to the next
_	earing (Common Council) 5 minutes ion Hearing

CITY OF MADISON

Registration Statement -

Other Items......3 minutes

### **CITY OF MADISON**

**Registration Statement -**Please Print PLEASE PRINT CLEARLY Name Agenda No. Please check the appropriate boxes: and Wish to speak Support Do not wish to speak **Oppose** Available to answer questions **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: Yes Are you being paid for your representation? Yes Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Public Hearing (Common Council) ..... 5 minutes Speaking Limits: Information Hearing...... 3 minutes Other Items...... 3 minutes Seeli Auto Vardo (SEE BACK)

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Date: 2/3/14

Registration Statement -	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No	Name DENNIS CHANDLER Address 1044 JENIFER
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppos	and Wish to speak  Do not wish to speak  Available to answer questions
(If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next q	anization or a person other than yourself: Yes No t complete the rest of this form. If you answered "yes," provide the name question.) h person or organization you are representing:
Are you being paid for your representation?  Are you appearing as part of your other paid	☐ Yes ☐ No  I duties for this person or organization? ☐ Yes ☐ No
	t complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

	Date: 2.3.16
CITY OF MADISON	
Registration Statement -	COMMITTEE
<u>Please Print</u>	PLEASE PRINT CLEARLY Name Alder Marsha Rymml
Agenda No.	Address
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	and Wish to speak  Do not wish to speak  Available to answer questions
	anization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name question.)
Name, address and telephone number of each	ch 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 no question.)	d duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
	mmon Council) 5 minutes g 3 minutes 3 minutes