



Date: 4 May 2010

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

### Registration Statement - Common Council COMMITTEE

Please Print

**PLEASE PRINT NAME CLEARLY**

Agenda No. 118

Name Wanda Wassard  
Address 3303 Prairie Road  
Madison, WI 53719

Please check the appropriate box:

Please check the appropriate box:

**Support**

**AND**

**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:

Dane County EOC

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)