ID# 12596

Date: 5/5/08

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 102
Curfew

PLEASE PRINT NAME CLEARLY

Name William Patterson
Address 1014 Williamson St
Madison 53703

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:

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: 05-05-09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. #102
Curfew

PLEASE PRINT CLEARLY

Name ROSEMARY LEE

Address 111 W. WILSON #108
MADISON 53703

Please check the appropriate boxes:

- [ ] **Support**
- [x] **Oppose**
- [ ] **Neither Support Nor Oppose**

and

- [x] 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 [x] 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
Information Hearing.....3 minutes
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____ Signature _____

Print Name _____

Date: 5-5-9

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 102

PLEASE PRINT CLEARLY

Name Ed Longstreth

Address 218 S Russell St #308

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:

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

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Date _____ Signature _____

Print Name _____

Date: 5-5-09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 102

PLEASE PRINT NAME CLEARLY

Name Anita Arenson

Address 439 West Dayton #2
Madison, WI

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:

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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(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 5-5-09 Signature Anita Arenson

Print Name Anita Arenson

Date: 5/5/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 102

PLEASE PRINT CLEARLY

Name PAUL TERRANOVA

Address 1236 SPAIGHT ST #2
MADISON WI 53703

Please check the appropriate boxes:

- ☐ **Support**
- ☒ **Oppose**
- ☐ **Neither Support Nor Oppose**

and/both
- ☒ 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:

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as or this person or organization? ☐ Yes ☒ No
(If you answered "no" ete the rest of this form. If you answered "yes," go on to the next question.) 14

Speaking Limits:

ouncil)..... 5 minutes
..... 3 minutes
..... 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 _____ Signature _____

Print Name _____

Date: 05/05/2009

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 10.2

PLEASE PRINT CLEARLY

Name Erik Guenther

Address 5391 Mariners Cove Drive, #208
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

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:

American Civil Liberties Union of Wisconsin
207 E. Buffalo St.; Milwaukee, WI
414.272.4032

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 _____ Signature _____

Print Name _____

Date: 5-5-09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 102

PLEASE PRINT CLEARLY

Name RON BIENDSEIL

Address 6831 ERDMAN Blvd.
Middleton WI

ph: 836-1920 see below + SEE OTHER SIDE

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:

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

I urge the council to be very wary of limiting personal freedoms or intruding into the lives of citizens without solid evidence that this intrusion will have the desired positive outcomes

(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 _____ Signature _____

Print Name _____

I would like to speak, but have a sick relative.

COMMENTS:
I WAS the Dane Co. Youth Services Coordinator until 2006. DURING that time, we had numerous complaints from youth in our community that curfew times varied across communities, which cause confusion. In one case youth were in compliance in Stoughton & Madison, but not in McFarland where they were apprehended. The Youth Board spent 100's of hours working with municipal boards & police depts. Madison's current ordinance is in compliance with surrounding communities. Item 102 will take us back to the "bad old days" also, there is NO evidence that stricter curfew ordinances are effective in reducing juvenile crime.

Date: 5/5/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 122

PLEASE PRINT CLEARLY

Name Matt Veldran

Address 5738 Knorke Dr
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:

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 _____ Signature _____

Print Name _____

Date: 5/5/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 102.

PLEASE PRINT CLEARLY

Name DeVonna Jackson

Address 6112 Strathmore Ln.

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:

LCEC/TBU
55 S. Gammon Rd.
Madison WI 833-4979

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

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Date _____ Signature _____

Print Name _____

Date: 5/5/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 102.

PLEASE PRINT NAME CLEARLY

Name Daneka Bethel Johnson

Address 2944 Turbot drive

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:

LCEC / TBU
55 S. Gammon Rd.
Madison, WI 833-4979

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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Speaking Limits:
Public Hearing (Common Council) ..... 5 minutes
Information Hearing ..... 3 minutes
Other Items ..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____ Signature _____

Print Name _____

Date: 5/5/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 102

Name EARNESTINE MOSS

Address 1729 Browning Rd
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

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
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Speaking Limits:
Public Hearing (Common Council)..... 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____ Signature _____

Print Name _____

Date: May 5, 09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 102

PLEASE PRINT CLEARLY

Name Caronsel Bayd

Address 4901 Sherwood Rd
Madison 53711

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:

Equal Opportunities Commission

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

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Date _____ Signature _____

Print Name _____

Date: 05-05-09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 102

PLEASE PRINT CLEARLY

Name Eryka Fox

Address 7210 Arctic Fox Dr
Madison, WI, 53719

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
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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: 5/5/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 12.5.A
102

PLEASE PRINT CLEARLY

Name Greg Bamga

Address 1203 Northport Ave
Mad, 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

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 _____ Signature _____

Print Name _____

Date: 5/5/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. ~~45~~ 107

PLEASE PRINT CLEARLY

Name Andrew Bange

Address 603 Northport Ave
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

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 Youth Board

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 _____ Signature _____

Print Name _____

Date: 5/5/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print 102

Agenda No. 125976

PLEASE PRINT CLEARLY

Name Molly Berman

Address 621 N. Henry St. Apt B
Madison, WI, 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

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 9/9/09

Signature Molly Berman

Print Name Molly Berman

Date: 5 May '09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 102
Juvenile Curfew

PLEASE PRINT NAME CLEARLY

Name Bart Kaspers

Address 1337 Jenifer St.
Madison, WI 5320

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:

EOC position is to strongly oppose curfew..

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 _____ Signature _____

Print Name _____

Date: 5/5/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 102

Name Molly Berman

Address 621 N. Henry St. Apt B
Madison WI 53703

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:

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

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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 5/5/09

Signature [signature]

Print Name Molly Berman

Date: 5-5-09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 12596 102

PLEASE PRINT NAME CLEARLY

Name Anita Arenson

Address 439 West Dayton
Madison, WI 53703

Please check the appropriate box:

- [x] **Support**
- [ ] **Oppose**
- [ ] **Neither Support Nor Oppose**

AND

Please check the appropriate box:

- [x] 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:

Are you being paid for your representation? ☐ Yes ☑ No

Are you appearing as part of your other paid I support Spk. zation? ☐ Yes ☑ No
*(If you answered "no," **STOP;** you need no. question.)* *If you answered "yes," go on to the next*

Speaking Limits: Public Hearing (Comi
Information Hearing...
Other Items..... ..... 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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(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 5-5-09

Signature Anita Arenson

Print Name Anita Arenson

Date: 5.5.09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 102
Curfew

Name Dean Loumos

Address _____

Please check the appropriate boxes:

- ☐ **Support**
- ☒ **Oppose**
- ☐ **Neither Support Nor Oppos**

and ☐ Wish to speak
☒ Do not wish to speak

~~2~~ 15 registrants in opposition not wishing to speak

wer questions

At this meeting are you representing an orga ☐ Yes ☒ No
*(If you answered "no," **STOP;** you need no d "yes," provide the name of who you represent and go on to the next*

Name, address and telephone number of eac

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 _____ Signature _____

Print Name _____

Date: 5/5/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

102

Agenda No. 12596

PLEASE PRINT NAME CLEARLY

Name Chonnell Drinker

Address 309 clyde gallgher

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:

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

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Date 5/5/09

Signature Chonnell Drinker

Print Name Chonnell Drinker

Date: 5/5/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

102

Agenda No. 12596

PLEASE PRINT NAME CLEARLY

Name Dionna Cook

Address 1818 fordem ave #6

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:

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

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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 5/5/09

Signature Dionna Cook

Print Name Dionna Cook

Date: 5/5/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. ~~12596~~ 102

PLEASE PRINT NAME CLEARLY

Name Brianna Allen

Address 3014 Worthington ave. apt. 7

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:

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

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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 5/5/09

Signature Brianna Allen

Print Name Brianna Allen

Date: _____

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 102

PLEASE PRINT CLEARLY

Name Aaron Willis

Address 7166 Tree Lane

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:

LCEC/TBV
555 S. Gammon RD
Madison WI 53717 833-4979

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

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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: 5/5/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 102

PLEASE PRINT CLEARLY

Name Jewell Brian Coleman

Address 2016 Westbrook (Ln)

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:

LCEL / Teen Build Up

55 S. Gammon Rd

Madison, WI 53717 833-4979

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

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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: 5/5/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 102

PLEASE PRINT CLEARLY

Name Samira Peeples

Address ~~718~~ 7178 Tree Lane

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:

LCEC / TBU

55 S. GAMMON RD

MADISON, WI 53717 833-4979

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 5/5/04 Signature Jamira Peeples

Print Name Jamira Peeples

Date: 05-05-09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 102

PLEASE PRINT CLEARLY

Name Marcus Hamilton

Address 1805 Reetz Rd
Madison WI 53711

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:

L.C.E.C & TJO
55 S. Gammon Rd Madison WI 53717
833-4979

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

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Date _____ Signature _____

Print Name _____

Date: 5/5/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 102

PLEASE PRINT CLEARLY

Name Linda Ketcham

Address 813 Flora La
Madison WI 53714

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:

Madison area Urban Ministry 2300 S Park St - Madison WI 53713

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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Date 5/5/09 Signature _____

Print Name Linda Ketcham

Date: 5/5/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 102

PLEASE PRINT CLEARLY

Name True Thao

Address 416 Bayview
Madison, WI 53715

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:

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: 05-05-09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 102

PLEASE PRINT CLEARLY

Name Janice Alvarado

Address 55 S. Gammon Rd
Madison 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

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:

L.C.E.C and T.B.U
55 S. Gammon Rd Madison WI 53717

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: _____

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 102

PLEASE PRINT CLEARLY

Name TRACY BENSON

Address 55 S. GAMMON RD

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:

LCEC MADISON

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

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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(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 5/5/09 Signature Tracy Benson

Print Name TRACY BENSON

Date: 05-05-09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 107

PLEASE PRINT CLEARLY

Name Takela Harper

Address 2016 Westbrook

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:

LCEC / TBU
55 S. GAMMON RD
MADISON WI 833-4979

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 05-05-09

Signature Tanela Harper

Print Name Tanela Harper

Date: 5/5/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 102

PLEASE PRINT NAME CLEARLY

Name Brianna Allen

Address 3011 Worthington ave. apt. 1

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:

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

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Date _____ Signature Brianna Allen

Print Name Brianna Allen

Date: 5/5/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 102

PLEASE PRINT NAME CLEARLY

Name Channell Drinker

Address 309 dyde gallagher

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
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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
Information Hearing	3 minutes
Other Items	3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 5/5/09

Signature Channell Drinker

Print Name Channell Drinker

Date: _____

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 102

PLEASE PRINT NAME CLEARLY

Name Dionne Alexis Cook

Address 5618 Fordem Ave #10

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.)*

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Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No
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Public Hearing (Common Council) ..... 5 minutes
Information Hearing ..... 3 minutes
Other Items ..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 5/5/09

Signature Dionna Cook

Print Name Dionna Cook