

22614

Date: 7/19/2011



WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 32 22614

Name Randy Wautlet
Address 8302 Mineral Point Road
Madison, WI

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to Speak

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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(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.)

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Signature _____

Print Name _____



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COMMITTEE

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PLEASE PRINT NAME CLEARLY

Agenda No. # 32 22614

Name Dominique Taquet
Address 66 Ponwood Circle
Madison WI 53717

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Wish to Speak

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Date: _____

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COMMITTEE

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PLEASE PRINT NAME CLEARLY

Agenda No. # 32
22614

Name Vladimir Subbotin
Address 602 Samuel Dr
Madison, WI, 53717

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to Speak

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CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. #32 22614

Name Karen Eigenberger

Address 8302 Mineral Point Road
Madison, WI 53719

Please check one:

AND

Please check:

Support

Wish to Speak

Oppose

Neither Support Nor Oppose

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Print Name _____

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CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 32 22614

Name Elke Brendel
Address 1902 Elko Lane
Madison, WI 53704

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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DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 32
90

Name Neal Deunk
Address 2714 Chamberlain Ave
Madison WI 53705

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not wish to speak

At this meeting are you representing an organization or a person other than yourself: Yes No
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