



Date: _____

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 10 + 24

Name Anthony Michael Christy
Address 2 S. Wagon ST

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

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:

Town Center Dining, LLC
c/o WARP

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)



Date: _____

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Name STEVE MIXTACKI

Address 3205 FERNGLADE RD
VERONA, WI 53593

Agenda No. 10424

Please check one:

AND

Please check:

Support

Available to answer questions

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:

TOWN CENTER DINING, LLC

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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Information Hearing 3 minutes
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AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

PLEASE PRINT CLEARLY

Name

Carl E. Gulbrandson

Address

1506 WOOD LN

MADISON, WI 53705

Agenda No. 10 and 24

Please check one:

AND

Please check:

Support

Oppose

Neither Support Nor Oppose

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:

~~WILSON CENTER DINING, LLC~~ TOWN CENTER DINING, LLC

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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AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 10, 24

Name Greg Franic
Address 5 Wallingford circle
mad WI 53717

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- 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:

From Fight 16
Discovery Culinary Collaborative 2002 Atwood Ave

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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