



Date: 6/1/15

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

ALMA GONKWE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Berta Armacanqui
Address 1620 Monroe St
Madison, WI 53711

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
(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 Hearing3 minutes
Other Items3 minutes

(SEE BACK)



Date: 6/1/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95.

Name Richard Hildner
Address 1620 Monroe St. Apt. F

Please check one:

AND

Please check:

Support

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:

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: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. _____

Name ROSARIO WILSON

Address 740 Odana LN

Please check one:

AND

Please check:

Support

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:

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: 6/1/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Andy Selk
Address 301 Harbour Town Dr.
Madison, WI 53717

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
(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 Items3 minutes

(SEE BACK)



Date: 06/01/2010

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 95

PLEASE PRINT NAME CLEARLY

Name DIEGO CAMPOVERDE
Address 515 DOMOTRIO Dr. #7
Madison, WI 53719

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
(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: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Candy Breunig
Address 2120 E. Main St #1
Madison, WI 53704

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
(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: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 95

TANISA TEYER HILON

PLEASE PRINT NAME CLEARLY

Name Teresa Tellez-Giron
Address _____

Please check one:

AND

Please check:

Support

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:

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: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Veronica Lazo
Address 5005 Oak Valley Dr
Madison, WI 53704

Please check one:

AND

Please check:

Support

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:

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: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name BARBARA Wright
Address 1912 Atwood Ave # 209
Madison WI
53704

Agenda No. 95

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
(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: 6/1/2010

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Beth Huang
Address 10 Gerry Ct., Apt B
Madison, WI 53715

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
(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: 6/1/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 95

PLEASE PRINT NAME CLEARLY

Name Celia Jackson
Address 3205 Quincey Ave

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
(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: 6/1/2010

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Laura Berger
Address 3318 Gregory St.

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
(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 Hearing3 minutes
Other Items3 minutes

(SEE BACK)



Date: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Fernando Caro
Address 312 East Bluff
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
(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: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Alexandro Riano
Address 3101 Maple Grove Dr
Madison WI

Please check one:

AND

Please check:

Support

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:

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: 05.06.01.10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>95</u>

Name JON HAWKINS

Address 1718 REETZ RD
MADISON WI 53711

Please check one:

AND

Please check:

Support

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:

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 Hearing3 minutes
Other Items3 minutes

(SEE BACK)



Date: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

~~Prudencio~~ Prudencio OYAD bree-lay
PLEASE PRINT NAME CLEARLY Oyarbide ???

Agenda No. 95

Name Prudencio Oyarbide
Address 6014 Old Middleton Rd.
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
(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: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. SPEAK OUT AS
AGAINST
ARIZONA GOV
REVENUE

Name SHARYL KATO
Address 206 E. WINNEQUA RD
MADISON, WI
53716

Please check one:

AND

Please check:

Support

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:

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: 8/1/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Rob Hewitt
Address 405 South Jew St

Please check one:

AND

Please check:

Support

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:

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: June 1, 2010

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Martha E. White
Address Badger Lane
Madison 53713

Please check one:

AND

Please check:

Support

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:

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: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. ARIZONA Resolution
92

Name ALEX GILLES

Address 27 B. WILSON

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:

IMMIGRANT WORKERS UNION

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: _____

WISH TO SPEAK FORM

CITY OF MADISON

ELIA ARANA GONZALEZ

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Elic Armacanqui
Address 117 S. Whitney Way
Madison, WI 53705

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:

Peruvian Organization Hateri Peru a myself.

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: 6/1/2010

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Sarah Mazzie-Briscoe
Address 526 S Orchard St
Madison, WI 53715

Please check one:

AND

Please check:

Support

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:

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: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>95</u>

Name Maxwell Rose

Address N652 St Road 113
Mad, WI 53555

Please check one:

AND

Please check:

Support

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:

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: 6/1/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 95

PLEASE PRINT NAME CLEARLY

Name Ann Zambie

Address 729 Topaz Ln
Madison, WI 53714

Please check one:

AND

Please check:

Support

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:

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: 6/1/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Brenda Gonzalez
Address 1678 Capital Ave
Madison, WI 53705

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
(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: 10 Jun 10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 25

Name Dave Cornig
Address 645 Skyview Pl #10
Madison, WI 53717

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:

Progressive Dane

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: 6/1/10

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. 95

Name Z! Haukeness
Address 1227 Spaight St. #1
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 Hearing3 minutes
Other Items3 minutes

(SEE BACK)



Date: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Joseph Nigh
Address 3783 Jonelle Ln
Cottage Grove, WI 53521

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
(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: 6/1/2010

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name PATRICK HICKEY
Address 1121 Erin Str.
Madison, WI 53715

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
(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: JUNE 1, 2010

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name PAT SIZE

Address 2215 COMMONWEALTH AVE

Agenda No. 95

Please check one:

AND

Please check:

Support

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:

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)



Fecha: 06-01-10

FORMULARIO DE CONSENTIMIENTO PARA HABLAR

CIUDAD DE MADISON

Declaración de inscripción: Concejo Común

COMITÉ

Escriba con letra de imprenta

**ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA**

N.º de agenda 95

Nombre SILVIA ROSALES

Dirección 1140 MORRIS VIEW DR
MADISON WI

Marque una:

Y

Marque:

A favor

Deseo hablar

En contra

Ni a favor ni en contra

En esta reunión, representa a una organización o una persona que no es usted: Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación? Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización? Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común) ... 5 minutos
Audiencia informativa ... 3 minutos
Otros ... 3 minutos

(CONSULTE EL REVERSO)



Fecha: 06/01/10

FORMULARIO DE CONSENTIMIENTO PARA HABLAR CIUDAD DE MADISON

Declaración de inscripción: Concejo Común
COMITÉ

Escriba con letra de imprenta

**ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA**

N.º de agenda 95

Nombre Rosa Rosales
Dirección _____

Marque una:

Y

Marque:

A favor

Deseo hablar

En contra

Ni a favor ni en contra

En esta reunión, representa a una organización o una persona que no es usted: Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación? Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización? Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común) ... 5 minutos
Audiencia informativa ... 3 minutos
Otros ... 3 minutos

(CONSULTE EL REVERSO)



Fecha: 6/01/10

FORMULARIO DE CONSENTIMIENTO PARA HABLAR CIUDAD DE MADISON

Declaración de inscripción: Concejo Común
COMITÉ

Escriba con letra de imprenta

**ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA**

N.º de agenda 95

Nombre Febo R. Albiter
Dirección 110 N-Thompson Dr
Madison, WI 53704

Marque una:

Y

Marque:

A favor

Deseo hablar

En contra

Ni a favor ni en contra

En esta reunión, representa a una organización o una persona que no es usted: Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta)

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación? Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización? Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común) .. 5 minutos
Audiencia informativa 3 minutos
Otros 3 minutos

(CONSULTE EL REVERSO)



Fecha: _____

FORMULARIO DE CONSENTIMIENTO PARA HABLAR CIUDAD DE MADISON

Declaración de inscripción: Concejo Común
COMITÉ

Escriba con letra de imprenta

**ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA**

N.º de agenda 95

Nombre Lucia Naxi
Dirección 415 Burdette Ct
Madison WI 53713

Marque una:

Y

Marque:

A favor

Deseo hablar

En contra

Ni a favor ni en contra

En esta reunión, representa a una organización o una persona que no es usted: Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación? Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización? Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común) ... 5 minutos
Audiencia informativa ... 3 minutos
Otros ... 3 minutos

(CONSULTE EL REVERSO)



Fecha: _____

FORMULARIO DE CONSENTIMIENTO PARA HABLAR CIUDAD DE MADISON

Declaración de inscripción: Concejo Común
COMITÉ

Escriba con letra de imprenta

**ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA**

N.º de agenda

95

Nombre

Nancy Rodriguez

Dirección

462 Woodside Ter.

Marque una:

Y

Marque:

A favor

Deseo hablar

En contra

Ni a favor ni en contra

En esta reunión, representa a una organización o una persona que no es usted:

Sí No

*(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).*

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación?

Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización?

Sí No

*(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta)*

Límites para hablar: Audiencia pública (Concejo Común) . . . 5 minutos
Audiencia informativa 3 minutos
Otros 3 minutos

(CONSULTE EL REVERSO)



Fecha: _____

FORMULARIO DE CONSENTIMIENTO PARA HABLAR

CIUDAD DE MADISON

Declaración de inscripción: Concejo Común

COMITÉ

Escriba con letra de imprenta

ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA

Nombre

Sandra Rybicki

Dirección

N.º de agenda

95

Marque una:

Y

Marque:

A favor

Deseo hablar

En contra

Ni a favor ni en contra

En esta reunión, representa a una organización o una persona que no es usted:

Sí No

(Si respondió "no", DETÉNGASE; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación?

Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización?

Sí No

(Si respondió "no", DETÉNGASE; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común) ... 5 minutos
Audiencia informativa ... 3 minutos
Otros ... 3 minutos

(CONSULTE EL REVERSO)



Date: 6/1/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name TIA TANZER
Address 1622 B Monroe St
Madison WI 53711

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Not speaking

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
(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: 6-1-10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Mara Arco
Address 640 W. Badger Rd. WIS3713

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
(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:

Could you please allow a little time to
read a letter?

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: 6/1/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. Res 95

Name Jason DuRocher
Address 2215 Woodview Ct - 47
Madison 53713

Please check one:

AND

Please check:

Support

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:

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: 6/1/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 95

PLEASE PRINT NAME CLEARLY

Name Sandra Campos
Address 1606 Fordem Ave #625
Madison WI 53704

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
(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)



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name Aduana Soto Kleimser

Address 5182 Barkley Lane
Fitchburg, WI 53711

Agenda No. RESOLUTION
gr on
IMMIGRATION
POLICY

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
(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)



Date: JUN-1-2010

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 45

Name LUIS SORIA L.
Address 2018 GREENWAY CROSS #8
FITCHBURG WI. 53713

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
(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)



Date: 6-1-10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name ROSEMARY LEE
Address 111 W WILSON
53703

Please check one:

AND

Please check:

Support

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:

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: 7/1/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Lisa Carrera
Address 4513 W. Sherman Ave.

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
(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)



Date: 6/1/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Heidi M. Wegleitner
Address 1941 E Dayton St
Madison, WI 53704

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
(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)



Date: 6/1/2010

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Mary Lou Herman
Address 2666 E. Johnson St.
Madison 53704

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
(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)



Date: 6-1-10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Mary Anglin
Address 2134 E Washington Av
Madison WI 53704

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
(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)



Fecha: 6/10/10

FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

CIUDAD DE MADISON

Declaración de inscripción: Concejo Común

COMITÉ

Escriba con letra de imprenta

**ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA**

N.º de agenda 95

Nombre Leticia Torres
Dirección 1917 Lake point

Marque una:

Y

Marque:

A favor

No deseo hablar

En contra

Ni a favor ni en contra

En esta reunión, representa a una organización o una persona que no es usted: Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación? Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización? Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común)... 5 minutos
Audiencia informativa 3 minutos
Otros..... 3 minutos

(CONSULTE EL REVERSO)



Fecha: _____

FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR CIUDAD DE MADISON

Declaración de inscripción: Concejo Común
COMITÉ

Escriba con letra de imprenta

ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA

N.º de agenda 95

Nombre Nelida Perez
Dirección 1917 Lake point

Marque una:

Y

Marque:

A favor

No deseo hablar

En contra

Ni a favor ni en contra

En esta reunión, representa a una organización o una persona que no es usted: Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación? Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización? Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común)... 5 minutos
Audiencia informativa 3 minutos
Otros..... 3 minutos

(CONSULTE EL REVERSO)



Fecha: _____

FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

CIUDAD DE MADISON

Declaración de inscripción: Concejo Común

COMITÉ

Escriba con letra de imprenta

**ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA**

N.º de agenda 95

Nombre Rosa Ma. Contreras

Dirección 1917 Lake Point

Marque una:

Y

Marque:

A favor

No deseo hablar

En contra

Ni a favor ni en contra

En esta reunión, representa a una organización o una persona que no es usted: Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación? Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización? Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común)... 5 minutos
Audiencia informativa 3 minutos
Otros..... 3 minutos

(CONSULTE EL REVERSO)



Fecha: 6-01-10

FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR CIUDAD DE MADISON

Declaración de inscripción: Concejo Común
COMITÉ

Escriba con letra de imprenta

**ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA**

N.º de agenda 95

Nombre Alicia A
Dirección 1917 Lake Point

Marque una:

Y

Marque:

- A favor**
- En contra**
- Ni a favor ni en contra**

No deseo hablar

En esta reunión, representa a una organización o una persona que no es usted: Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación? Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización? Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común)... 5 minutos
Audiencia informativa 3 minutos
Otros..... 3 minutos

(CONSULTE EL REVERSO)



Fecha: 06-01-12

FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

CIUDAD DE MADISON

Declaración de inscripción: Concejo Común

COMITÉ

Escriba con letra de imprenta

**ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA**

N.º de agenda

95

Nombre

SILVIA ROJAS

Dirección

1140 MOUNTAIN VIEW DR
MADISON WI. 53719

Marque una:

Y

Marque:

A favor

No deseo hablar

En contra

Ni a favor ni en contra

En esta reunión, representa a una organización o una persona que no es usted:

Sí No

(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación?

Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización?

Sí No

(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común)... 5 minutos
Audiencia informativa 3 minutos
Otros..... 3 minutos

(CONSULTE EL REVERSO)



Fecha: _____

FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

CIUDAD DE MADISON

Declaración de inscripción: Concejo Común

COMITÉ

Escriba con letra de imprenta

ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA

N.º de agenda 95

Nombre Rosa Rosales
Dirección ~~481 2123~~
1917 Lake Point

Marque una:

Y

Marque:

- A favor
- En contra
- Ni a favor ni en contra

No deseo hablar

En esta reunión, representa a una organización o una persona que no es usted: Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación? Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización? Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común)... 5 minutos
Audiencia informativa 3 minutos
Otros..... 3 minutos

(CONSULTE EL REVERSO)



Fecha: 6-01-10

FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

CIUDAD DE MADISON

Declaración de inscripción: Concejo Común

COMITÉ

Escriba con letra de imprenta

ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA

N.º de agenda 95

Nombre

Nadia Rosa

Dirección

1917 Lake Point Dr.
Madison, WI

Marque una:

Y

Marque:

A favor

No deseo hablar

En contra

Ni a favor ni en contra

En esta reunión, representa a una organización o una persona que no es usted:

Sí

No

(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación?

Sí

No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización?

Sí

No

(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común)... 5 minutos
Audiencia informativa 3 minutos
Otros..... 3 minutos

(CONSULTE EL REVERSO)



Fecha: 6-01-10

FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

CIUDAD DE MADISON

Declaración de inscripción: Concejo Común

COMITÉ

Escriba con letra de imprenta

ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA

N.º de agenda

95

Nombre

María J. Ngomoceno

Dirección

1917 Lake Point Dr

Madison WI

Marque una:

Y

Marque:

A favor

No deseo hablar

En contra

Ni a favor ni en contra

En esta reunión, representa a una organización o una persona que no es usted:

Sí

No

(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación?

Sí

No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización?

Sí

No

(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común)... 5 minutos

Audiencia informativa 3 minutos

Otros..... 3 minutos

(CONSULTE EL REVERSO)



Fecha: 06-01-10

FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

CIUDAD DE MADISON

Declaración de inscripción: Concejo Común
COMITÉ

Escriba con letra de imprenta

**ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA**

N.º de agenda 95

Nombre Ana Diaz

Dirección 1917 Lak Pond

Marque una:

Y

Marque:

A favor

No deseo hablar

En contra

Ni a favor ni en contra

En esta reunión, representa a una organización o una persona que no es usted: Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación? Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización? Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común)... 5 minutos
Audiencia informativa 3 minutos
Otros..... 3 minutos

(CONSULTE EL REVERSO)



Fecha: 6-1-10

FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

CIUDAD DE MADISON

Declaración de inscripción: Concejo Común

COMITÉ

Escriba con letra de imprenta

ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA

N.º de agenda

95

Nombre

Nadia Zavala

Dirección

1917 Lake Point Dr

Marque una:

Y

Marque:

A favor

No deseo hablar

En contra

Ni a favor ni en contra

En esta reunión, representa a una organización o una persona que no es usted: Sí No

(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación? Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización? Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común)... 5 minutos
Audiencia informativa 3 minutos
Otros..... 3 minutos

(CONSULTE EL REVERSO)



Date: 6-1-10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Afonso Euvira
Address _____

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
(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)



Fecha: 6-1-10

FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

CIUDAD DE MADISON

Declaración de inscripción: Concejo Común

COMITÉ

Escriba con letra de imprenta

**ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA**

N.º de agenda 95

Nombre Josefina Ocotl
Dirección 2013 Green Way Crosse
Fitchburg WI

Marque una:

Y

Marque:

A favor

No deseo hablar

En contra

Ni a favor ni en contra

En esta reunión, representa a una organización o una persona que no es usted: Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación? Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización? Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común)... 5 minutos
Audiencia informativa 3 minutos
Otros..... 3 minutos

(CONSULTE EL REVERSO)



Fecha: 6-1-10

FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

CIUDAD DE MADISON

Declaración de inscripción: Concejo Común

COMITÉ

Escriba con letra de imprenta

ESCRIBA SU NOMBRE PROLIJAMENTE CON LETRA DE IMPRENTA

N.º de agenda 95

Nombre Miguel Montes
Dirección 2013 Greenwood Croase
Fitchburg WI

Marque una:

Y

Marque:

- A favor**
- En contra**
- Ni a favor ni en contra**

- No deseo hablar**

En esta reunión, representa a una organización o una persona que no es usted: Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación? Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización? Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común)... 5 minutos
Audiencia informativa 3 minutos
Otros..... 3 minutos

(CONSULTE EL REVERSO)



Fecha: 6/1/10

FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR CIUDAD DE MADISON

Declaración de inscripción: Concejo Común
COMITÉ

Escriba con letra de imprenta

ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA

N.º de agenda 95

Nombre Karen Perez-Wilson
Dirección 740 Adams Lane Madison
WI 53711

Marque una:

Y

Marque:

- A favor
- En contra
- Ni a favor ni en contra

No deseo hablar

En esta reunión, representa a una organización o una persona que no es usted: Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación? Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización? Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común)... 5 minutos
Audiencia informativa 3 minutos
Otros..... 3 minutos

(CONSULTE EL REVERSO)



Fecha: June 1

FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR CIUDAD DE MADISON

Declaración de inscripción: Concejo Común
COMITÉ

Escriba con letra de imprenta

ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA

N.º de agenda 95

Nombre Antonio Perez
Dirección 240 Odessa Ln. Madison
WI 53711

Marque una:

Y

Marque:

- A favor**
- En contra**
- Ni a favor ni en contra**

No deseo hablar

En esta reunión, representa a una organización o una persona que no es usted: Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación? Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización? Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común)... 5 minutos
Audiencia informativa 3 minutos
Otros..... 3 minutos

(CONSULTE EL REVERSO)



Fecha: 6-1-10

FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

CIUDAD DE MADISON

Declaración de inscripción: Concejo Común

COMITÉ

Escriba con letra de imprenta

**ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA**

N.º de agenda 95

Nombre ROSARIO WILSON
Dirección 740 Odana LN
Madison WI

Marque una:

Y

Marque:

A favor

No deseo hablar

En contra

Ni a favor ni en contra

En esta reunión, representa a una organización o una persona que no es usted: Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación? Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización? Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común)... 5 minutos
Audiencia informativa 3 minutos
Otros..... 3 minutos

(CONSULTE EL REVERSO)



Fecha: 6/1/10,

FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

CIUDAD DE MADISON

Declaración de inscripción: Concejo Común

COMITÉ

Escriba con letra de imprenta

**ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA**

N.º de agenda 95

Nombre George C.
Dirección _____

Marque una:

Y

Marque:

- A favor**
- En contra**
- Ni a favor ni en contra**

No deseo hablar

En esta reunión, representa a una organización o una persona que no es usted: Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación? Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización? Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común)... 5 minutos
Audiencia informativa 3 minutos
Otros..... 3 minutos

(CONSULTE EL REVERSO)



Fecha: 6/1/10

FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

CIUDAD DE MADISON

Declaración de inscripción: Concejo Común

COMITE

Escriba con letra de imprenta

ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA

N.º de agenda

95

Nombre

Jessica Ruiz

Dirección

910 Magnolia LN

Marque una:

Y

Marque:



A favor



No deseo hablar



En contra



Ni a favor ni en contra

En esta reunión, representa a una organización o una persona que no es usted:

Sí

No

(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación?

Sí

No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización?

Sí

No

(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común)... 5 minutos

Audiencia informativa 3 minutos

Otros..... 3 minutos

(CONSULTE EL REVERSO)



Fecha: 06-01-10

FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

CIUDAD DE MADISON

Declaración de inscripción: Concejo Común
COMITÉ

Escriba con letra de imprenta

**ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA**

N.º de agenda 95

Nombre Emma Solis
Dirección 10 Hollywood Dr.
Madison WI 53713

Marque una:

Y

Marque:

A favor

No desco hablar

En contra

Ni a favor ni en contra

En esta reunión, representa a una organización o una persona que no es usted: Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación? Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización? Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común)... 5 minutos
Audiencia informativa 3 minutos
Otros..... 3 minutos

(CONSULTE EL REVERSO)



Fecha: 06-01-10

FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR CIUDAD DE MADISON

Declaración de inscripción: Concejo Común
COMITÉ

Escriba con letra de imprenta

**ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA**

N.º de agenda 95

Nombre Juliana Sohs Mañez
Dirección 346 Kent lane Apt. 201
Madison, WI. 53713

Marque una:

Y

Marque:

A favor

No deseo hablar

En contra

Ni a favor ni en contra

En esta reunión, representa a una organización o una persona que no es usted: Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación? Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización? Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común)... 5 minutos
Audiencia informativa 3 minutos
Otros..... 3 minutos

(CONSULTE EL REVERSO)



Fecha: _____

FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

CIUDAD DE MADISON

Declaración de inscripción: Concejo Común

COMITÉ

Escriba con letra de imprenta

ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA

N.º de agenda 95

Nombre Antonio Calixto,
Dirección 22 Deer Valley Rd.
#4

Marque una:

Y

Marque:

A favor

No deseo hablar

En contra

Ni a favor ni en contra

En esta reunión, representa a una organización o una persona que no es usted: Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación? Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización? Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común)... 5 minutos
Audiencia informativa 3 minutos
Otros..... 3 minutos

(CONSULTE EL REVERSO)



Fecha: 6/1/10

FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

CIUDAD DE MADISON

Declaración de inscripción: Concejo Común
COMITÉ

Escriba con letra de imprenta

ESCRIBA SU NOMBRE PROLIJAMENTE
CON LETRA DE IMPRENTA

N.º de agenda 95

Nombre Mike Quieto
Dirección 533 W Main #108
Madison

Marque una:

Y

Marque:

A favor

No deseo hablar

En contra

Ni a favor ni en contra

En esta reunión, representa a una organización o una persona que no es usted: Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", indique el nombre de quien representa y continúe con la siguiente pregunta).

Nombre, dirección y número de teléfono de cada una de las personas u organizaciones que representa:

¿Recibe una remuneración por realizar la representación? Sí No

¿Viene en cumplimiento de otras tareas remuneradas por esta persona u organización? Sí No
(Si respondió "no", **DETÉNGASE**; no es necesario que complete el resto del formulario. Si respondió "sí", continúe con la siguiente pregunta).

Límites para hablar: Audiencia pública (Concejo Común)... 5 minutos
Audiencia informativa 3 minutos
Otros..... 3 minutos

(CONSULTE EL REVERSO)



Date: _____

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Name JENNIFER (JAN) STERNBACH
Address 1345 MORRISON #1
MADISON WI 53703

SKIVA'S RESOLUTION #95
Agenda No. _____

Please check one:

- Support
- Oppose
- Neither Support Nor Oppose

AND

Please check:

- 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)



Date: _____

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 95

Name Samir Jaber
Address 2 LANGDON APT 3A

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:

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: 6/1/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Kathy Walsh
Address 566 S Segoe Rd
Madison, WI 53711

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
(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)



Date: 6/1/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 95

PLEASE PRINT NAME CLEARLY

Name Victoria Gutierrez
Address 1351 South St., #20
Madison, WI

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
(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)



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name ALLEN RUFF
Address 533 W. MAIN #112
MADISON, WI 53703

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
(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)



Date: June 1, 2010

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Patricia D Base
Address 533 W. Main St # 112
Madison, WI 53703

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
(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)



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name

Rosabel Hernandez

Address

Agenda No. 95

Please check one:

AND

Please check:

Support

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:

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: 6/1/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Thomas Kozlovsky
Address 1134 Pauline Ave
Madison, WI

Please check one:

AND

Please check:

Support

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:

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: 6/1/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Lisa Subeck
Address 818 S. Commons Rd. #4
Madison, WI 53719

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
(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)



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name LIZ F. REATED

Address _____

Please check one:

AND

Please check:

Support

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:

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: 6-7-2010

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Sebastian Harris
Address 5121 Flad Ave
53711 Madison WI

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
(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:

UTI 29 E. Wilson
Invested

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: 6/1/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Angelica Alvarez
Address 726 Odessa Ln.

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
(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)



Date: 6/01/2011

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Christopher D. San
Address 916 W. Olive Ave A
Madison WI 53715

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
(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)



Date: 6/1/2010

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Rebecca Maria Liebl
Address 610 West Olive #A
Madison WI

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
(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)



Date: 6/1/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Jolie Lizotte

Address 219 W Gilman St Apt 2
Madison, WI 53703

Please check one:

AND

Please check:

Support

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:

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: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 95

PLEASE PRINT NAME CLEARLY

Name MICHAEL NOWAKOWSKI

Address 606 WALTON PL

Please check one:

AND

Please check:

Support

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:

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: 6/1/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. #95

Name Lynne Nowakowski
Address 606 Walton Pl.
Madison

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
(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)



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Dianne Hesselbein
Address 1430 N. High Point Rd.
Middleton WI 53562

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
(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)



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Yesenia Saavedra
Address 1129 mound st
Madison, WI

Please check one:

AND

Please check:

Support

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:

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: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Miguel Pérez Ruera

Address _____

Please check one:

AND

Please check:

Support

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:

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: 6-1-10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name

Russell Nortkov

Address

4817 Sheboygan Ave 508#
Madison, WI 53705-2917

Please check one:

AND

Please check:

Support

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:

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: 06/01/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Juan Guerrero
Address 3430 Maple Grove Dr.
Madison 53717

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
(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)



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. _____

95

Name _____

Teresa Tellez-Girg

Address _____

Please check one:

AND

Please check:

Support

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:

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: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Stefonia Sani

Address _____

Please check one:

AND

Please check:

Support

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:

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: 6.1.10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

SHIVA'S RESOLUTION Agenda No. <u># 95</u>
--

Name Mateo Medina

Address 1345 Morrison St. #1

Please check one:

AND

Please check:

Support

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:

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: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Karen Milstein
Address 2814 Lakeland Ave #3
Madison, WI 53704

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
(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)

Date: _____



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name

SHEILA SPEAR

Address

23137 ERINST #201
MADISON WI 53715

Agenda No. 95

Please check one:

AND

Please check:

Support

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:

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: 6/11/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Susan Stern
Address 1121 Erin Street

Please check one:

AND

Please check:

Support

Do not wish to speak

Oppose

Neither Support Nor Oppose

It's important that Madison proactively stands up for immigrant rights.

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)



Date: 6-1-10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Rissel Sanderson

Address 4701 Bob-O-link Ln
Madison, WI 53714

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
(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)



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Marianita Sanchez Garbido
Address 6014 Old Middleton Rd
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
(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)



Date: 6/1/16

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Maya Oyarbide-Sanchez
Address 6019 Old Middleton rd.
Madison, WI 53708

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
(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)



Date: 6/1/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Krista Eder
Address 347 NORVIS CT #1

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
(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)



Date: 06/01/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Elena Meyer
Address 120 S. Rosa Rd.
Madison 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
(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)



Date: 8/1/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Donna Vukelich
Address 945-D Eagle Heights
Madison

Please check one:

AND

Please check:

Support

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:

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: 6/1/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name JOAQUIN SELVA
Address 945-DEAGLE HEIGHTS

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
(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)



Date: June 10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. Resolution #95

Name Charissa Pearson

Address 1015 Jana Ln
Madison, WI 53704

Please check one:

AND

Please check:

Support

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:

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: 6-1-10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Megan Kaseman
Address 630⁰ W. Olin Ave. Apt. 1
Madison WI 53715

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
(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)



Date: 6/11/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Andrew Seik
Address 301 Harbour Town Dr.
Madison, WI ~~53717~~ 53717

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
(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)



Date: 06/01/2010

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. # 95

Name DIEGO CAMPOVERDE-LISNEROS
Address 515 Donofrio Dr. # 7
Madison, WI 53719

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
(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)



Date: 06-01-10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 9.5

Name DR ALGERNON FELICE
Address 6 ANDOVER CIR
MADISON

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
(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)



Date: 6/1/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 95

PLEASE PRINT NAME CLEARLY

Name Rocio MOLINA

Address 211 S. Paterson Ste 260
Madison, WI 53704

Please check one:

AND

Please check:

Support

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:

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: 6/1/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Mario Garcia Sierra
Address 615 W. Main #310
Madison, WI 53715

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
(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)



Date: 6/1/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Cindy Breunig
Address 2120 E. Main St #1
Madison, WI 53704

Please check one:

AND

Please check:

Support

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:

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: 6/01/2010

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Jorge Selva
Address 945-D Eagle Heights
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
(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)



Date: ~~1-6/10~~ - 1-6/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Beatriz Kellman
Address 1399 Ellenwood Dr
Madison WI, 53714

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
(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)



Date: 1/6/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

Agenda No. 95

PLEASE PRINT NAME CLEARLY

Name William Post
Address 1625 Hwy 78 S.
Mt Horeb, WI 53512

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
(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 Hearing3 minutes
Other Items3 minutes

(SEE BACK)

Date: Col 1/10



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Veronica Castillo
Address 6902 Park Ridge Dr
Madison, WI 53719

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
(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)



Date: 6/1/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Alex Grismore
Address 6902 Park Ridge Drive

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
(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)



Date: 6/1/2010

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name JEAN RENE WATCHOU
Address 914 EAST GORHAM STREET
MADISON WI 53703

Please check one:

AND

Please check:

Support

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:

COMMUNITY IMMIGRATION LAW CENTER

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: 6/1/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. #95

Name Harry Richardson
Address 18 Sherman Ter.
No. 4

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
(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)



Date: 6/1/2010

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Brian Jordan
Address 922 E. Dayton St. Apt B
Madison, WI 53703

Please check one:

AND

Please check:

Support

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:

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: 6/1/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name RAMONA L. NATERA
Address 1810 FORDEM AVE #18
MADISON, WI 53704

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
(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)



Date: June 1st 2010

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 95

Name Yvonne Geerts
Address 20 N Franklin St
Madison, WI 53703

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
(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)

#18594

Junio 01 2010

♡
/ Hola / a todos los presentes
♡
mi nombre: Mara Arce

Escribo estas líneas, en señal de -
que me opongo con la ley que intentan -
establecer en este estado tan maravilloso.

Una ley anti racista, Anti Social -
que nos hace tener una banda de hegemonía,
Sin imaginar que se nos aproxima una -
tormenta, y me pongo a pensar, a caso
es así, como me parto con mi -
Vecino.

Estamos aquí, por una razón,
una causa, que desde siempre nos
han dado a tole con el dedo, pero
nosotros siempre firmes, esperando
un milagro.

Y lo que me muebe a ~~es~~
escribir es mi familia: mi -
esposo y mis 2 hijas, Porque ->