



Date: 6-7-11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. (B) 21856

Name Joseph Johnson
Address 917 Northport Dr
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?
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Yes No

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No


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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 6-7-11

Signature 
Print Name Joseph Johnson



Date: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

#
Agenda No. <u>8-21856</u>

Name DALE A WELLS

Address 138 N. PARDEE ST.

Please check one:

AND

Please check:

Support

Oppose

Neither Support Nor Oppose

Wish to Speak

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Date 6-7-11 Signature Dale A. Wells
Print Name DALE A. WELLS



Date: 6/7/11

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Agenda No. 21856 - #8

PLEASE PRINT CLEARLY

Name Jason Wells

Address 3626 Atwood Ave
Madison, WI 53714

Please check one:

AND

Please check:

Support

Available to answer questions

Oppose

Neither Support Nor Oppose

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Date 6/7/11

Signature Jason Wells
Print Name Jason Wells



Date: 6/7/11

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 21856/#8

Name Amanda Henberger
Address 5312 Lake Mendota Dr
Madison WI 53704

Please check one:

AND

Please check:

Support

Available to answer questions

Oppose

Neither Support Nor Oppose

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Date _____

Signature _____

Print Name _____



Date: 6/7/11

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Name Paul Salzwedel
Address W2102 Hwy 44
Markesan, WI 53946

Agenda No. 8 21856

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Available to answer questions

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Signature _____

Print Name _____



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AVAILABLE TO ANSWER QUESTIONS FORM

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Registration Statement - Common Council
COMMITTEE

Agenda No. 21856/*8

PLEASE PRINT CLEARLY

Name Peggy Nowicki
Address 1477 Vine St.
Sun Prairie 53590

Please check one:

AND

Please check:

Support

Oppose

Neither Support Nor Oppose

Available to answer questions

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