



Date: 10/5/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

↑ NOT SP

PLEASE PRINT NAME CLEARLY

Name Tim Birkley

Address _____

Agenda No.	<u>6</u> (speak)	<u>33</u> (not speak)
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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:

~~APSCME~~ APSCME Local 600, 8033 Excellisian dr.
Madison, WI, 53717
608-836-4040

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: 10/5/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 33 (circled)

Name KATHRYN KEMMERER
Address 3906 LARKSPUR CT
MIDDLETON, WI 53562

Please check the appropriate box:

Please check the appropriate box:

Support

AND

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.)

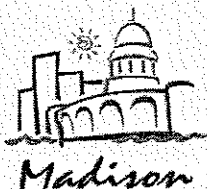
Name, address and telephone number of each person or organization you are representing:

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.)

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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. #33
#6

Name JANA KOWANSKY MAJER

Address 307 WINN COURT
DEFOREST, WI 53532

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:
LOCAL 60 - support maintaining local 60
jobs at OVERTURE

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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