



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Public Works DATE 1-22-19
 SUBJECT/ADDRESS/TOPIC Alley Paving AGENDA ITEM NO. 21?

YOUR NAME Joe Carpenter YOUR ADDRESS 1314 Vilas Ave

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions	<input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions
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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," **go on to the next questions on the back side of this form.**



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Public Works DATE 01/22/20
 SUBJECT/ADDRESS/TOPIC Alley Reconstruction AGENDA ITEM NO. 21

YOUR NAME Marilee Sushorebn YOUR ADDRESS 1818 Adams Street Madison

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE <u>Public Works</u>	DATE <u>1/29/20</u>
SUBJECT/ADDRESS/TOPIC <u>Alley Reconstruction</u>	AGENDA ITEM NO. <u>21</u>

YOUR NAME <u>Mac Robertson</u>	YOUR ADDRESS <u>1818 Adams St.</u>
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Please check the appropriate boxes:

SUPPORT

- Wish to speak (**3 min. limit**)
- Do not wish to speak
- Available to answer questions

OPPOSE

- Wish to speak (**3 min. limit**)
- Do not wish to speak
- Available to answer questions

NEITHER SUPPORT NOR OPPOSE

- Wish to speak (**3 min. limit**)
- Do not wish to speak
- Available to answer questions

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

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If you answered "yes," go on to the next questions on the back side of this form.