



19612

Date: 9-21-2010

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 2

Name SCOTT B. THORNTON  
Address 1104 JENIFER ST  
MADISON, WI 53703

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:

MARQUETTE NEIGHBORHOOD ASSOCIATION

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: 9/21/10

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

**PLEASE PRINT NAME CLEARLY**

Agenda No. 2  
Part 5 #30, 31, 32,  
35

Name Julie Spears  
Address 307 S. Faw St  
Madison, WI 53703

Please check the appropriate box:

- Support**
- Oppose**
- Neither Support Nor Oppose**

**AND**

Please check the appropriate box:

- Do not wish to speak**

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**(SEE BACK)**