

Date: 11/28/12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 28101/P

Name Brynn Bemis
Address 2118 Summers Ave.
Madison, WI 53704

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

- Speaking Limits: Public Hearing.....5 minutes
- Information Hearing.....3 minutes
- Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

I Support the city's plan to improve bike infrastructure by installing lights along the Southwest Bike Path.

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

- Are you being paid for your representation? Yes No NA
 - Are you appearing as part of your other paid duties for this person or organization? Yes No NA
- (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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Date: 11-28-2012

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No.	<u>D1 / 10</u>
------------	----------------

Name JAMIE ROGLMAN
 Address 1925 KEYES AVENUE
MADISON

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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.)

(SEE BACK)

Date: 11/28/17

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Southwest path lighting

PLEASE PRINT CLEARLY

Agenda No. P1/10

Name: CONNIE KILMARK
Address: 1802 WINNEBAGO ST
MADISON WI 53704

Please check the appropriate boxes:

- Support (checked)
Oppose
Neither Support Nor Oppose

- Wish to speak (checked)
Do not wish to speak
Available to answer questions

Speaking Limits: Public Hearing... 5 minutes
Information Hearing... 3 minutes
Other Items... 3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

I support lighting the S.W path. I often cycle from the near East side out to Market Square (self-confessed novice addict) when an evening film lets out, it is always dark. While the Southwest path is an OUTSTANDING part of the trip to Market Sq, it is a very scary part of the trip back. Total darkness, near sensory deprivation black tunnel. SO different from Stankweather path for night riding. No city street is better totally dark. Please light this

Name, address and telephone number of each person or organization you are representing: bicycle street, (with dark-sky compliant light fixtures)

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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Date: 11/29/12 (4)

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Agenda No. 10

PLEASE PRINT CLEARLY

Name

Shawane Mills

Address

2430 Fox (on the
Madison path)

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

and

- Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits:

- Public Hearing.....5 minutes
- Information Hearing.....3 minutes
- Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Reasons for lights out weigh opposition
- safety
- traffic
- Urban location

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.)

(SEE BACK)

Date: 11-28-12

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 10

Name Scott Coen
Address 702 WESTERN AVE.

Please check the appropriate boxes:

- Support
Oppose
Neither Support Nor Oppose

- Wish to speak
Do not wish to speak
Available to answer questions

- Speaking Limits: Public Hearing... 5 minutes
Information Hearing... 3 minutes
Other Items... 3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

NOT NEEDED - NOT A SAFETY ISSUE - BAD DESIGN
GARAGE BUILDING - RUIN NATURAL LIGHT SETTING
80% OF COMMENTS ON ANNUAL BASIS IS DRIVING!
WASTE ENERGY - DARK LIGHT COMMENTS ARE
CORRECT, LIGHT/DARK CRUISING UNLITER BUNKO SPOTS
PLEASE DON'T RUIN THIS UNIQUE NATURAL ASSET!

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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Date: 11-28-12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 10

Name Sara Briles
Address 4109 Odana Rd.
Madison, WI 53711

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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.)

(SEE BACK)

Date: 11/28/12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 10

Name: Richard BRILES MORRIS
Address: 4109 OAKDALE ROAD
MADISON, WISCONSIN 53711

Please check the appropriate boxes:

- Support
Oppose
Neither Support Nor Oppose

- Wish to speak
Do not wish to speak
Available to answer questions

- Speaking Limits: Public Hearing... 5 minutes
Information Hearing... 3 minutes
Other Items... 3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Multiple horizontal lines for comments.

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

Multiple horizontal lines for name and address.

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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Date: 11/28/12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Agenda No. 10

PLEASE PRINT CLEARLY

Name Jeff Carroll
Address 2540 Gregory St.
Madison 53711

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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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Date: 11/28/12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Agenda No. 10

PLEASE PRINT CLEARLY

Name Perry Sandstrom
Address 3520 Gregory St, Madison WI 53711

Support []
Oppose [x]
Neither Support Nor Oppose []

and
Wish to speak [x]
Do not wish to speak []
Available to answer questions []

Speaking Limits:
Public Hearing.....5 minutes
Information Hearing.....3 minutes
Other Items.....3 minutes

At this meeting are you representing an organization or a person other than yourself: [] Yes [x] No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

This Project should not proceed. It is the wrong type of lighting. Glare and non-uniformity are not good features for a transportation lighting scheme. If we do a lighting project it should add to, not subtract from the path.

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

Are you being paid for your representation? [] Yes [x] No
Are you appearing as part of your other paid duties for this person or organization? [] Yes [x] 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.)

(SEE BACK)

Date: 11/28/12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Agenda No. Public Hearing
10

PLEASE PRINT CLEARLY

Name Miguel Rowley
Address 5322 Comstock Way
Madison WI

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

Unless RBMV

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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.)

(SEE BACK)

Date: 11 / 28 / 2012

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Agenda No. 10

PLEASE PRINT CLEARLY

Name: Abe Megahed
Address: 2010 Monroe St.

Please check the appropriate boxes:

Support: []
Oppose: [X]
Neither Support Nor Oppose: []

and
[X] Wish to speak
[] Do not wish to speak
[] Available to answer questions

Speaking Limits:
Public Hearing.....5 minutes
Information Hearing.....3 minutes
Other Items.....3 minutes

At this meeting are you representing an organization or a person other than yourself: [] Yes [X] No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

[Empty lines for comments]

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

[Empty lines for name and address]

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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Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

BOARD OF PUBLIC WORKS

Registration Statement

Name Connie Kulmhart
Address 1802 Windward St
Madison WI 53704

DATE 11/28/20
ITEM NO. D1/0 ON AGENDA

Support Oppose
 See Written comments for the record

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 – you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....
PLEASE SEE OTHER SIDE

Yes No

Date: 11/28/12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name: DONALD SANFORD
Address: 1211 Garfield St 53711

Agenda No. 10 Mr. GAH

Please check the appropriate boxes:

- Support
Oppose
Neither Support Nor Oppose

- Wish to speak
Do not wish to speak
Available to answer questions

Speaking Limits: Public Hearing... 5 minutes
Information Hearing... 3 minutes
Other Items... 3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Multiple horizontal lines for entering comments.

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

Multiple horizontal lines for entering name and address.

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.)

(SEE BACK)

Date: 11/28/12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Agenda No.	BikeWalk
	10

PLEASE PRINT CLEARLY

Name David Fedeli
 Address 609 S. Johnson St
 Madison WI 53702

Please check the appropriate boxes:

Support
 Oppose
 Neither Support Nor Oppose

and Wish to speak
 Do not wish to speak
 Available to answer questions

Speaking Limits: Public Hearing..... 5 minutes
 Information Hearing..... 3 minutes
 Other Items..... 3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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.)

(SEE BACK)

Date: 2012-11-28

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Agenda No. bike path lights
10

PLEASE PRINT CLEARLY

Name DAN STEVENS
Address 4909 MARVIN AVE

Please check the appropriate boxes:

- Support
- Oppose (installation of lights)
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

The planned lights will not improve safety, but will make using the bike path less pleasant and will annoy the neighbors and prevent any better ideas from being implemented in the future.

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.)

(SEE BACK)

Date: 11-28-12

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Agenda No. 10

PLEASE PRINT CLEARLY

Name John + April Hoffman
Address 2237 Commonwealth
53726

- Wish to speak
Do not wish to speak
Available to answer questions

- Support
Oppose
Neither Support Nor Oppose

- Speaking Limits: Public Hearing...5 minutes
Information Hearing...3 minutes
Other Items...3 minutes

At this meeting are you representing an organization or a person other than yourself. If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Madison taxpayers cannot afford to fund \$200,000+
and by the way, maintenance for lighting the short
stretch of bike path.
The reasonable decision would be to table
this project until there is \$ in the budget
& it is less controversial

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

- Are you being paid for your representation?
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.

(SEE BACK)

Date: 11/28/12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 10

Name Russell Pheilos
Address 3546 Wyoata Ave.
Madison - 53711

Please check the appropriate boxes:

- Support
Oppose
Neither Support Nor Oppose

- Wish to speak
Do not wish to speak
Available to answer questions

Speaking Limits: Public Hearing... 5 minutes
Information Hearing... 3 minutes
Other Items... 3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Multiple horizontal lines for comments.

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

self

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.)

(SEE BACK)

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Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Kevin Shanahan
Address 607 Piper Dr.
Madison

DATE 11/29/12
ITEM NO. 10 ON AGENDA

Support Oppose
 See Written comments for the record

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:
If you answered No – you need not complete the remainder of this form.

Yes No

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

Date: 11/28/2012

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Agenda No. "D" bike path lighting

PLEASE PRINT CLEARLY

Name Steve Arnold
Address 2530 Tanager St.
Fitchburg, WI 53711

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing..... 5 minutes
 Information Hearing..... 3 minutes
 Other Items..... 3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

see attached

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

City of Fitchburg Dist. 4

- 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.)*

(SEE BACK)

Supporting Southwest Path Lighting

I am Steve Arnold, a resident at 2530 Targhee Street in the City of Fitchburg. I am a member of the Fitchburg Common Council and the Fitchburg Transportation and Transit Commission, and a year-around bicycle transportation user. I support the installation of lighting for two reasons. **First**, lighting is required for path user safety. **Second**, those who walk or bicycle should receive the same support as those who use motor vehicles.

Safety

Pedestrians are not required to have lights. Cyclists need overhead lighting to avoid pedestrians and debris. Most bicycle lights used in urban environments are designed to make the cyclist visible, not illuminate the road. Those using dark rural paths or roads at night generally have different, more expensive lighting systems to illuminate unlighted roads, but these conditions are unexpected in urban Madison, and should not be maintained on the Southwest Path.

Equal Protection

For about a half a century, transportation networks were designed exclusively for motorists, leading to the conditions we call "sprawl". Sprawl exacerbates peak oil, climate change, the obesity epidemic, and the cost of urban services for taxpayers. We need to end the historical discrimination against bicyclists and pedestrians, and we need the host of benefits that come from increased mode share for active transportation and reduced miles traveled by motor vehicles. Those benefits are for everyone in the region, not just active transportation users, and include less road congestion, less noise, lower demand for energy and parking, better health from more activity, cleaner air, and lower health care costs.

It is traditional for Madison alders to listen closely to their constituents. This can be unfortunate in matters of regional concern, such as the design of the transportation network. I ask members of the Board, the Commission, and the Common Council to think of their visits to neighborhoods other than their own, and the kind of transportation facilities they want to find there. Should arterial and collector roads be designed for safety, with adequate capacity? Path users want the same consideration.

Traffic Engineering staff members have labored mightily to specify fixtures that maximize safety for path users while minimizing nuisances for neighbors. Please approve the proposed design as the best tradeoff between the needs of path users and the desires of neighbors.

Thank you for your consideration!

Steve Arnold, Fitchburg Alder, District 4, Seat 7
2530 Targhee Street, Fitchburg, Wisconsin 53711-5491
Telephone +1 608 278 7700 · Facsimile +1 608 278 7701
Steve.Arnold@Fitchburg.WI.US · <http://Arnold.US>

- **Positive report from pilot project:** Ken Golden who lives along the SW Path in the area with the most opposition from neighbors agreed to have one of the new lights installed right outside his back yard. At the July Public Information Meeting, Ken reported that the major concern raised about light overflowing into back yards was not at all an issue with these lights.
- **Avoid path debris:** While we all love the mature trees that hug the path, they also drop a lot of debris (acorns, sticks, wet leaves, etc) on the path. We've heard stories of bicyclists not seeing this debris, given the pitch-black nature of the path. People have been thrown from their bikes from hitting debris or even small critters that come out onto the path at night.
- **Deter muggings and other crime BEFORE they become a problem:** While crime has not been a problem on this stretch of the SW Path, there has been a disturbing increase in muggings and violence along many other bike paths in Madison. Lighting can deter criminal activity before it becomes a problem.
- **Set the course for future projects:** We MUST set the expectation that new, heavy use bike paths are to have lighting. Fitchburg staff involved in planning the new Cannonball path extension have said that while they will not make the decision to light the Cannonball solely based on the SW Path lighting outcome, they are watching the debate closely.

So, why not simply encourage and enforce bike light usage as an alternative to lighting? Even if every single person using the path did have a bright white front light, this would not solve the safety problem. Most affordable bike lights are not meant to illuminate the road or path in front of the bike like a car headlight is meant to do. Their sole purpose is to make the bicyclist more visible to oncoming road/path users. This leaves bicyclists vulnerable to debris on the pavement and collisions with other walkers and bicyclists who are coming head on without a light or reflective clothing.

Finally, I would like to leave you with a few comments from the survey we sent out. As you can see in these comments, lighting the SW Path is critical to address safety concerns of biking at night. **Please support this very vital project for the overall safety and enhancement of the entire community.**

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Date: 11.28.12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Agenda No. 10

PLEASE PRINT CLEARLY

Name Benjamin Dreyer
Address 1000 Baltzell St
Madison WI 53711

Support
Oppose
Neither Support Nor Oppose

Wish to speak
Do not wish to speak
Available to answer questions

Speaking Limits: Public Hearing 5 minutes
Information Hearing 3 minutes
Other Items 3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Lighting on the bike path is a public safety issue and there are, should be installed. The SW 7th has been deemed a transportation corridor for Madison - we would not consider leaving a city street dark, so we should at least have a bike path sign. If we are to seriously consider Madison as a city that offers multiple modes of transportation, we need to light our paths and improve the safety for all.

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.)

(SEE BACK)

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Benjamin Dwyer
Address Leslo R. Fretwell St
Madison WI 53711

DATE 11.28.12
ITEM NO. _____ ON AGENDA

Support Oppose
 See Written comments for the record

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:
If you answered No – you need not complete the remainder of this form.

Yes No

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Kristin S. Daugherty
Address 509 Hillingford Way
Madison, WI 53726

DATE 11/28/12
ITEM NO. D110 ON AGENDA

- Support Oppose
- See Written comments for the record

- 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:
if you answered No – you need not complete the remainder of this form.

- Yes No

if you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please..... PLEASE SEE OTHER SIDE

20

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Susan Robinson
Address 591 Glen Dr.
Madison, WI

DATE 11-28-12
ITEM NO. 2.1/P ON AGENDA

Support Oppose
 See Written comments for the record

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:
if you answered No – you need not complete the remainder of this form.

Yes No

if you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

23

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Jim Dexheimer
Address 288 Henshaw Rd
Madison

DATE 11/28/12

ITEM NO. 10 ON AGENDA

Support Oppose
 See Written comments for the record

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:
If you answered No – you need not complete the remainder of this form.

Yes No

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

24

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name RICK STRICKLAND
Address 9 FREDERICK CIR
MADISON WI 53711

DATE 11/28/11
ITEM NO. 21 / 10 ON AGENDA

- Support
- Oppose
- See Written comments for the record

- 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:
If you answered No - you need not complete the remainder of this form.

- Yes
- No

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES - continue - on other side please.....

PLEASE SEE OTHER SIDE

PETITION AGAINST OVERHEAD LIGHTING on SW PATH

We, the undersigned, are opposed to Alderman Solomon and City Traffic Engineering's proposed overhead lighting plan for the Southwest Multi-Use Path.

NAME	SIGNATURE	ADDRESS	USER
Amy Williamsen	ASWL	653 Knickerbocker St, Madison WI	Yes
Richard Quinney	R Quinney	33 Franklin Cr. Madison, WI	yes
Carol VanHulle	Carol VanHulle	1 Frederick Cr Madison WI	yes
Solney Quinney	Solney Quinney	33 Frederick Cr Madison, WI	YES

25

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Karin Saxe

DATE 11/28/12

Address 597 Glen Dr
Madison, WI 53711

ITEM NO. D.170 ON AGENDA

Support

Oppose

Wish to Speak

See Written comments for the record

Do Not Wish to Speak

Questions

Available to Answer

At this meeting are you representing an organization or a person other than yourself:
if you answered No – you need not complete the remainder of this form.

Yes No

if you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Christie Olsen
Address 3400 Cross St
Madison WI 53711

DATE 1-28-12
ITEM NO. DA/10 ON AGENDA

- Support Oppose
- See Written comments for the record

- 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:
if you answered No – you need not complete the remainder of this form.

- Yes No

if you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

27

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Mrs. Darin Burleigh

DATE 1/24/2012

Address 5018 TOMAHAWK TR
53702

ITEM NO. 65401 ON AGENDA

Support Oppose

Wish to Speak

See Written comments for the record

Do Not Wish to Speak

Available to Answer

Questions

At this meeting are you representing an organization or a person other than yourself:

If you answered No -- you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

Are you being Paid for your representation? yes No

Yes No

Are you appearing as part of your other paid duties for this person or organization?

Yes No

If you answered YES -- continue -- on other side please.....

PLEASE SEE OTHER SIDE

28
Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

Name Amanda White
Address 409 E Main
Madison

BOARD OF PUBLIC WORKS

DATE 11-28-2012
ITEM NO. D-110 ON AGENDA

Support Oppose

Wish to Speak

See Written comments for the record

Do Not Wish to Speak

Available to Answer

Questions

At this meeting are you representing an organization or a person other than yourself:

If you answered No -- you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

Triggle Education of Wisconsin, 409 E Main Madison, 608-257-4452

Yes No

Are you being Paid for your representation? yes No

Yes No

Are you appearing as part of your other paid duties for this person or organization?

Yes No

If you answered YES -- continue -- on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Darrel Sherman
Address 3106 Gregory St
Madison 53711

DATE 11/28

ITEM NO. 10 ON AGENDA

Support Oppose

Wish to Speak

See Written comments for the record

Do Not Wish to Speak

Available to Answer

Questions

At this meeting are you representing an organization or a person other than yourself:

If you answered No - you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

Yes No

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 YES - continue - on other side please.....

PLEASE SEE OTHER SIDE

30
Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name BRADLEY CRZOSIAK
Address 933 HIGH ST
MADISON, WI 53715

DATE 11/28
ITEM NO. 10 ON AGENDA

Support Oppose
 See Written comments for the record

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:
If you answered No -- you need not complete the remainder of this form.

Yes No

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES -- continue -- on other side please.....

PLEASE SEE OTHER SIDE

31

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

BOARD OF PUBLIC WORKS

Registration Statement

Name

Edward Schmitt

Address

211 ...

DATE

11-28-12

ITEM NO.

10 ON AGENDA

Support

Oppose

See Written comments for the record

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:

If you answered No - you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES - continue - on other side please.....

PLEASE SEE OTHER SIDE

32

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name PETER GRAY
Address 5042 MARATHON DRIVE
MADISON, 53705

DATE 11/28/2012
ITEM NO. 10 ON AGENDA

Support Oppose
 See Written comments for the record

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:
If you answered No -- you need not complete the remainder of this form.

Yes No

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES -- continue -- on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name JEFF SCHMPP

Address 2721 Kendall Ave

Madison WI

Pathlighting

Support Oppose

See Written comments for the record (left on website)

DATE 1/26/2012
ITEM NO. 10 ON AGENDA

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:
if you answered No – you need not complete the remainder of this form.

Yes No

if you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Jean-Jacobs

DATE 11-28-2012

Address 2630 Kendall Ave.

ITEM NO. D-1/100N AGENDA

Support Oppose

Wish to Speak

See Written comments for the record

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 – you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

BOARD OF PUBLIC WORKS

Registration Statement

Name Melanie Foxcroft
Address 2138 Lakeland Ave
Madison WI 53704
DATE PBWC 11.28.12
ITEM NO. D.1./10 ON AGENDA

Support Oppose

See Written comments for the record

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:

If you answered No - you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES - continue - on other side please..... PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Anna Wone

DATE 11/28/12

Address 161 Jackson

ITEM NO. 2810129 ON AGENDA

msw 53704

710

Support

Wish to Speak

Bike Lights

Oppose

Do Not Wish to Speak

Available to Answer

Questions

At this meeting are you representing an organization or a person other than yourself:

If you answered No – you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

Yes No

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name EVAN JOHNSON

DATE 11-28-12

Address 12444-AN RAV

ITEM NO. 25101 ON AGENDA

MADISON WI 53703

Support Oppose

→ Wish to Speak

See Written comments for the record

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 -- you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES -- continue -- on other side please..... PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Dana MPetit

DATE 1-28-12

Address 2418 Park Place
Madison, WI 53705

ITEM NO. 1 ON AGENDA

Support lighting Oppose

Wish to Speak

See Written comments for the record

Do Not Wish to Speak

Questions

Available to Answer

At this meeting are you representing an organization or a person other than yourself:

If you answered No – you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Tavis Young
Address 617 E. Park Square Ct
Madison WI 53716

DATE 11/28/2012
ITEM NO. _____ ON AGENDA

- Support Oppose
- See Written comments for the record

- 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:

If you answered No -- you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES -- continue -- on other side please.....
PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Jack Longley
Address 8 N. Prospect Ave
Madison, WI

DATE 1/28/02
ITEM NO. 10 ON AGENDA

Support Oppose

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:
If you answered No – you need not complete the remainder of this form.

Yes No

If answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

41

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

BOARD OF PUBLIC WORKS

Registration Statement

Name Conor Peterson
Address 748 Pineville Dr

DATE 11/28/12
ITEM NO. Bike Path ON AGENDA 10

- Support Oppose
- See Written comments for the record

- 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:
If you answered No – you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please..... PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Maureen Durkin
Address 8 N. Prospect Ave
Madison

DATE 11/28/2012
ITEM NO. S.W. Bike ON AGENDA
Path Lighting 10

- Support Oppose
- See Written comments for the record

- 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:
If you answered No – you need not complete the remainder of this form.

Yes No

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name JOAN RITCHIE
Address 605 TOEPPER AVE
MADISON

DATE 28 NOV, 12
ITEM NO. 10 ON AGENDA

- Support
- Oppose
- See Written comments for the record

- 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:
if you answered No – you need not complete the remainder of this form.

Yes No

if you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

44

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

Name Ronnie Hess
Address 1319 Summit
53726

BOARD OF PUBLIC WORKS
DATE 11/28/12
ITEM NO. 10 ON AGENDA

- Support Oppose
- See Written comments for the record

- 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:
If you answered No -- you need not complete the remainder of this form.

Yes No

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES -- continue -- on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Sean Turony
Address 4306 Dorothea Driv
Madison 53711

DATE 11/28/12
ITEM NO. 10 ON AGENDA

- Support Lights Oppose
- See Written comments for the record

- 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:
If you answered No - you need not complete the remainder of this form.

Yes No

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES - continue - on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary. 46

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Kevin Henkes
Address 513 Virginia Terrace
Madison, WI 53726

DATE 11/28/2012

ITEM NO. 10 ON AGENDA

Support

Oppose Lights

Wish to Speak

See Written comments for the record

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 – you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

Name Angela McKeon
Address 3021 Sycamore St
Madison WI 53704

BOARD OF PUBLIC WORKS
DATE 11/28/12
ITEM NO. 2410 ON AGENDA
Pike publights

Support Oppose
 See Written comments for the record

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:
If you answered No -- you need not complete the remainder of this form.

Yes No

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES -- continue -- on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Carly Glarner + Andrew Glarner

DATE 11/28/12

Address 606 Copeland St

ITEM NO. 28101 ON AGENDA

Fighting s.w. commuter party

Madison, WI

!!!

Support

Oppose

Wish to Speak

See Written comments for the record

Do Not Wish to Speak

Available to Answer

Questions

At this meeting are you representing an organization or a person other than yourself:
If you answered No - you need not complete the remainder of this form.

Yes No

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES - continue - on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Anthony Fred
Address 221 Commonwealth Ave

DATE 11-28-2012

ITEM NO. _____ ON AGENDA

Support Oppose

Wish to Speak

See Written comments for the record

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 -- you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES -- continue -- on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

BOARD OF PUBLIC WORKS

Registration Statement

Name Matt Benick DATE _____

Address 4001 Torrey Blvd ITEM NO. _____ ON AGENDA _____

Support Oppose

See Written comments for the record

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:

If you answered No -- you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES -- continue -- on other side please..... PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Mike O'Keefe

DATE 1/28/12

Address 19 Freshwater Ave
Jackson 53711

ITEM NO. 28101 ON AGENDA

Dwight Peck

Support Oppose

Wish to Speak

See Written comments for the record

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 - you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES - continue - on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Daren Sears
Address 2010 Monroe St

DATE 28 Nov 2012
ITEM NO. D1 ON AGENDA

- Support
- Oppose
- See Written comments for the record

- 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:
If you answered No - you need not complete the remainder of this form.

Yes No

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES - continue - on other side please.....

PLEASE SEE OTHER SIDE

Date: 11-28-12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. _____

Name KATHRYN HOLTGRAVER
Address 563 GLEN DR
MADISON WI 53711

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

- Speaking Limits: Public Hearing.....5 minutes
- Information Hearing.....3 minutes
- Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

PLEASE DO NOT PUT THESE LIGHTS AT THIS TIME - THERE ARE BETTER OPTIONS. IF COST IS THE CONCERN - JUST PUT THE WAST-HIGH LIGHTS IN ~~THE~~ AREAS WHERE THERE ARE NO HOMES

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.)

(SEE BACK)

Date: 11-28-12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. _____

Name Ramon Angeldome
Address 563 Glen Dr
MADISON WI 53711

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

- Speaking Limits: Public Hearing.....5 minutes
- Information Hearing.....3 minutes
- Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

NO LIGHTS !!!

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

(SEE BACK)

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Brad Wehner

DATE 1/28/12

Address 2690 Chestnut Ave
Madison

ITEM NO. _____ ON AGENDA

Support Oppose

Wish to Speak

See Written comments for the record

Do Not Wish to Speak

Available to Answer

Questions

At this meeting are you representing an organization or a person other than yourself:
if you answered No - you need not complete the remainder of this form.

Yes No

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES - continue - on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Nick Anderson
Address 321 Wisconsin Ave
MADISON, WI

DATE 1/28/12
ITEM NO. D ON AGENDA

- Support Oppose
- See Written comments for the record

- 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:
if you answered No – you need not complete the remainder of this form.

Yes No

if you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Candace Stoks-branse
Address 140 E. Gorham St. Apt 1
Madison, WI, 53703

DATE 11/28
ITEM NO. 10 ON AGENDA

Support Oppose

Wish to Speak

See Written comments for the record

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 – you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name James Buchanan
Address 2416 Atwood Ave #3
Madison, WI 53704

DATE 11/29/2012
ITEM NO. 1 D.1 / D ON AGENDA

Support Oppose
 See Written comments for the record

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:
If you answered No – you need not complete the remainder of this form.

Yes No

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

Date: 11-28-12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Agenda No. 10

PLEASE PRINT CLEARLY

Name Steve Wasmund
Address 22 Langdon St
Madison 53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Support the lighting of that path

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.)

(SEE BACK)

Date: 11/28/12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Agenda No. 28101/10
SW Path Lighting

PLEASE PRINT CLEARLY

Name Percy Mathew
Address 641 Sheldon St
Madison 53711

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

- Speaking Limits: Public Hearing.....5 minutes
- Information Hearing.....3 minutes
- Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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.)

(SEE BACK)

Date: 11/28/12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

SW Path lighting

Agenda No.	<u>11.28.12</u>
File #	<u>28101/10</u>

PLEASE PRINT CLEARLY

Name Al Nettleton

Address 645 Sheldon St
Madison WI 53711

Please check the appropriate boxes:

Support
 Oppose
 Neither Support Nor Oppose

and Wish to speak
 Do not wish to speak
 Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
Information Hearing.....3 minutes
Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

This is a Madison-wide resource

Safety is improved with lighting. The path is not new usable at night without lighting.

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.)

(SEE BACK)

Date: 11-28-12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 10

Name ROBERT DIEDRICH
Address 4009 NAHBOA TR
MADISON WI 53711

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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

(SEE BACK)

Date: 11-28-12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 10

Name VALERIE DIEDRICH
Address 4009 NAKEDA TR
MADISON, WI 53711

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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.)

(SEE BACK)

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Joseph Iwikowski

DATE 2/26/09

Address _____

ITEM NO. 10 ON AGENDA

Support Oppose

Wish to Speak

See Written comments for the record

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 – you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Carolyn Senty

DATE 11-28-12

Address 2220 Fox Ave - on the path,
Madison

ITEM NO. _____ ON AGENDA

Support Oppose

Wish to Speak

See Written comments for the record

Do Not Wish to Speak

I have submitted email comments in support

Available to Answer

Questions

At this meeting are you representing an organization or a person other than yourself:

Yes No

If you answered No – you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please..... PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name David Allman
Address 609 Talmadge St
Madison, WI 53704

DATE 11/28/12
ITEM NO. D.1. ON AGENDA

Support Oppose
 See Written comments for the record

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:
If you answered No – you need not complete the remainder of this form.

Yes No

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Greg Ferguson

Address 5743 Taft St
Madison WI 53562

DATE 1/28/12

ITEM NO. 1 ON AGENDA

Support Oppose

See Written comments for the record

Please make the path safer by lighting it. Thank you.

Wish to Speak

Do Not Wish to Speak

Available to Answer

At this meeting are you representing an organization or a person other than yourself:

If you answered No - you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES - continue - on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Tom Van Oostvick

DATE 11-28-12

Address 273 Commonwealth Ave

ITEM NO. Southwest ON AGENDA 10

Madison, WI

Bike Path Lighting

Support

Oppose

Wish to Speak

See Written comments for the record

Do Not Wish to Speak

Available to Answer

Questions

At this meeting are you representing an organization or a person other than yourself:

If you answered No -- you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES -- continue -- on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

BOARD OF PUBLIC WORKS

Registration Statement

Name Henry J. Cuccia
Address 567 Green Dr
MADISON WI 53711

DATE 11-28-2012
ITEM NO. SW Bike ON AGENDA 10
Lighting

- Support Oppose
- See Written comments for the record

- 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:
If you answered No - you need not complete the remainder of this form.
If you answered Yes to above question please complete:

- Yes No

Name, Address and phone number of each person or organization you are presenting today:

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 YES - continue - on other side please.....
PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Jack O'Meara

DATE 1/28/12

Address 2426 Gregory St
Madison

ITEM NO. Lights ON AGENDA 10
on bike path

Support Oppose

Wish to Speak

See Written comments for the record

Do Not Wish to Speak

Available to Answer

Questions

At this meeting are you representing an organization or a person other than yourself:
If you answered No - you need not complete the remainder of this form.

Yes No

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES - continue - on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Kevin Rappin
Address 657 Sheldon St

DATE 11-28-12
ITEM NO. SWBike ON AGENDA 10
Lighting

Support Oppose

Wish to Speak

See Written comments for the record

Do Not Wish to Speak

Available to Answer

Questions

At this meeting are you representing an organization or a person other than yourself:
If you answered No - you need not complete the remainder of this form.

Yes No

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES - continue - on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Shawn Schey
Address 872 Woodrow

DATE 11/28/12
ITEM NO. 10 ON AGENDA

Support Oppose NO LIGHTS

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:

If you answered No – you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

Yes No

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Kathryn Lederhaval

DATE 11/28/12

Address 3106 Gregory
Madison 53717

ITEM NO. 10 ON AGENDA

Support Oppose

Wish to Speak

See Written comments for the record

Do Not Wish to Speak

Available to Answer

Questions

At this meeting are you representing an organization or a person other than yourself:

If you answered No – you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

Yes No

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 YES – continue – on other side please.....
PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name MARTIN ZANNI

DATE 11/23/12

Address 3700 CROSS ST
MADISON WI 53711

ITEM NO. D1/b ON AGENDA

No lights on bike path

Support Oppose

Wish to Speak

See Written comments for the record

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 – you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Patrick Skazala
Address 730 Brew Hill Rd
Madison WI 53711

DATE 28 Nov 2011
ITEM NO. D/10 ON AGENDA

- Support Oppose
- See Written comments for the record

- Wish to Speak
- Do Not Wish to Speak
- Available to Answer

Questions No lights ~

At this meeting are you representing an organization or a person other than yourself:
If you answered No -- you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES -- continue -- on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Anthony Klaus
Address 2356 Monroe St
Madison, WI 53711

DATE 11-28-12
ITEM NO. D110 ON AGENDA
File # 28101

- Support Oppose
- See Written comments for the record

- 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:
If you answered No – you need not complete the remainder of this form.

- Yes No

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name RICK ASPRUNA
Address 3524 GREGORY ST.
MADISON, WI 53711

DATE 11/26/12
ITEM NO. SW PATH ON AGENDA
10

- Support Oppose
- See Written comments for the record

- 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 - you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES - continue - on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Carol Reiss

DATE 1/28/12

Address 3528 Cross St.
Madison, WI 53716-1766

ITEM NO. 10 ON AGENDA

Bike Path Lighting

Support Oppose

Wish to Speak

See Written comments for the record

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 – you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

BOARD OF PUBLIC WORKS

Registration Statement

Name Cathy Deberic
Address 1885 E. Main St
Madison WI

DATE 11/28/10
ITEM NO. 10 ON AGENDA

Support Oppose

Wish to Speak

See Written comments for the record

Do Not Wish to Speak

Available to Answer - if I'm still here!

Questions

At this meeting are you representing an organization or a person other than yourself: NO

Yes No

If you answered No - you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES - continue - on other side please.....

PLEASE SEE OTHER SIDE

Debevec, Cathy

VOTE TO POSTPONE SW BIKE PATH LIGHTING DECISION

C Debevec kashkakat@gmail.com

5:50 PM (2 minutes ago)

to district10, district19, district12, district16, district17, district20, district6

Please vote to POSTPONE this decision until more options about better lighting can be put on the table.

This debate has been incorrectly framed as “neighbors” vs. “bikers.” I’m a biker - for pleasure and for commuting - and in this case the bike federation does not speak for me. I live on the east side, but I really enjoy riding the SW path whenever I get out that way – running errands or visiting people. I’ve ridden it both in total darkness and in the moonlight. Where I live – I can’t see the stars! I hardly ever see the moon either bc there is so much artificial light. If you can see the stars from your backyard you really are fortunate the reality is for many of us in this urban environment, we don’t have that luxury and so it’s really special for us to have these kind of places where we can enjoy the simple but profound beauty of a night sky.

Another thing. Let’s stop framing this debate as a choice between “glaring overhead lights” vs. “no lights at all”. There are sensible lights that would illuminate only the path and not the entire landscape. If they are more expensive then lets explore how we can do this. Let’s know what our choices are first, and then decide! I for one would gladly contribute to buy a brick or something that could be laid along the path. Im a low paid office worker but I will take out my checkbook right now and write a \$100 check. It really is that valuable to me.

→ The fact is, this is both a transportation corridor AND it’s a de facto dark sky preserve. Both uses can and should be accommodated.

Thank you

Cathy Debevec

1885 E. Main St
Madison, WI

Rm 201 CCB

Date: 11-28-12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Agenda No. 10

PLEASE PRINT CLEARLY

Name Nancy Washburn
Address 4101 Odana Rd
Madison WI 53711

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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.)

(SEE BACK)

Date: 1/28/12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 10

Name Maggi Christianson
Address 2540 Gregory St.
Madison, Wisc.

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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.)

(SEE BACK)

Date: _____

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 10

Name Marveen Phelps
Address 3546 Wyota Ave
Madison WI 53711

Please check the appropriate boxes:

Support
 Oppose
 Neither Support Nor Oppose

and Wish to speak
 Do not wish to speak
 Available to answer questions

Speaking Limits: Public Hearing..... 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Please consider the desire of
the neighborhood.
We do not want the path
lighted!

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.)

(SEE BACK)

Date: _____

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Agenda No. 10

PLEASE PRINT CLEARLY

Name Wanda Funejak
Address 2902 CR #6ya

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

- Speaking Limits: Public Hearing.....5 minutes
- Information Hearing.....3 minutes
- Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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.)

(SEE BACK)

Date: 11-28-12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Agenda No. 10

PLEASE PRINT CLEARLY

Name Chris Forcier
Address 2526 Gregory Street

Please check the appropriate boxes:

Support
 Oppose
 Neither Support Nor Oppose

and Wish to speak
 Do not wish to speak
 Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
Information Hearing.....3 minutes
Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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.)

(SEE BACK)

Date: 11/28/12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Agenda No. 10

PLEASE PRINT CLEARLY

Name John Hoffman
Address 2237 Commonweal/Hk Ave
Madison 53726

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to speak
- Do not wish to speak
- Available to answer questions

- Speaking Limits: Public Hearing.....5 minutes
- Information Hearing.....3 minutes
- Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Propose lights on the S.W. Bike Path. As a
city we cannot afford a \$200,000 program
and its maintenance for a small group of
users when many programs that impact the
city at large are being cut.

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

(SEE BACK)

Date: 11/28/12

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Agenda No. D 10
public lighting

PLEASE PRINT CLEARLY

Name SAMUEL E. STARK
Address 2720 Gregory St
MADISON WI 53711

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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.)

(SEE BACK)

Date: 11-28-2012

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Agenda No. Item D/10
path lighting

PLEASE PRINT CLEARLY

Name Katrin Sells
Address 3022 Gregory St
MAD. WI 53711

Please check the appropriate boxes:

Support
 Oppose
 Neither Support Nor Oppose

Wish to speak
and Do not wish to speak
 Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
Information Hearing.....3 minutes
Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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

(SEE BACK)

Date: Nov 28 2012

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Agenda No. DI 10

PLEASE PRINT CLEARLY

Name Jon Stielstra
Address _____

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

- Speaking Limits: Public Hearing.....5 minutes
- Information Hearing.....3 minutes
- Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

We live next to the SW path and love it.
We use it a lot for biking, walking + running.
We would like the onus for lighting to be on
the users of the path, whether on bike, foot or
anything. We don't think lighting the path will
make it safer with respect to collision avoidance or crime.

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

Jon Stielstra 13 Nokomis Ct. Madison
Joann Stielstra " "
Galen Stielstra " "

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.)

(SEE BACK)

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Matt LaCorte
Address 1835 Rowley Ave.
Madison, WI

DATE 11/28/12
ITEM NO. P.1 ON AGENDA

- Support
- Oppose
- See Written comments for the record

- 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:
if you answered No -- you need not complete the remainder of this form.

- Yes
- No

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES -- continue -- on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Susan POPE

DATE 11-28-12

Address 600 Copeland St
53711

ITEM NO. _____ ON AGENDA _____

Support

Oppose

Wish to Speak

See Written comments for the record

Do Not Wish to Speak

Available to Answer

Questions

The current proposal has

**lights that are too bright + too glaring and blinding*

At this meeting are you representing an organization or a person other than yourself:

Yes No

If you answered No -- you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES -- continue -- on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

(No Speak)

BOARD OF PUBLIC WORKS

Name Lynn Wallace

DATE Nov 28 2012

Address 537 Conex Weston Pl
Madison WI 53711

ITEM NO. 1 ON AGENDA

Support Oppose

Wish to Speak

See Written comments for the record

Do Not Wish to Speak

Questions

Available to Answer

At this meeting are you representing an organization or a person other than yourself:

If you answered No – you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Larry Post

DATE 1/28/12

Address 3731 Gregory St
Madison WI 53711

ITEM NO. 2801 ON AGENDA

Support

Oppose

Wish to Speak

See Written comments for the record

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 – you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

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 YES – continue – on other side please.....

PLEASE SEE OTHER SIDE

