



Date: 5/4/10

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print #17715

PLEASE PRINT NAME CLEARLY

Name Sue Hoffenberg

Address 512 West Shore Drive  
Madison, WI 53715

Agenda No: <u>17715</u>	<u>118</u>
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Please check the appropriate box:

Please check the appropriate box:

Support

AND

Wish to speak

Oppose

Neither Support Nor Oppose

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

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

League of Women Voters of Dane County  
2712 Marshall Court  
Madison, WI phone 232-9447

Are you being paid for your representation?  Yes  No

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

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

(SEE BACK)



Date: 5/4/10

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 118

Name ITADORE KNOX  
Address 1735 BAIRD ST  
MADISON, WI

Please check the appropriate box:

Please check the appropriate box:

Support

**AND**

Wish to speak

Oppose

Neither Support Nor Oppose

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

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

Are you being paid for your representation?  Yes  No

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

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## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

# 118  
Agenda No. 17715 *Bush*

Name Linda Ketcham  
Address 813 Flora Ln  
Madison WI 53714

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

- Wish to speak

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

Name, address and telephone number of each person or organization you are representing:  
Madison-area Urban Ministry 2300 S. Park St #2022  
Madison WI 53713

Are you being paid for your representation?  Yes  No

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

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

(SEE BACK)



Date: 5-4-10

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

### Registration Statement - Common Council COMMITTEE

Please Print

**PLEASE PRINT NAME CLEARLY**

Agenda No. 118

Name MARY G. JENNY  
Address 818 HAWATHA DR  
MADISON, WI 53711

Please check the appropriate box:

Please check the appropriate box:

**Support**

**AND**

**Do not wish to speak**

**Oppose**

**Neither Support Nor Oppose**

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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

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

**(SEE BACK)**

Date: \_\_\_\_\_



# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <del>17715</del> 118
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Name Gloria Meyer  
 Address 13 Jacob's Ct  
Madison 53211

Please check the appropriate box:

Please check the appropriate box:

Support

AND

Do not wish to speak

Oppose

Neither Support Nor Oppose

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

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

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Are you being paid for your representation?  Yes  No

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

Speaking Limits: Public Hearing (Common Council) ..... 5 minutes  
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(SEE BACK)

Date: \_\_\_\_\_



# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

### Registration Statement - Common Council

COMMITTEE

Please Print

**PLEASE PRINT NAME CLEARLY**

Agenda No. 118

Name Colleen Clark  
Address 22 Chippewa Ct.  
MADISON WI

**Please check the appropriate box:**

**Please check the appropriate box:**

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

**AND**

- Do not wish to speak**

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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

Speaking Limits:

Public Hearing (Common Council) .....	5 minutes
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Other Items .....	3 minutes

**(SEE BACK)**



Date: 1/4/10

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

### Registration Statement - Common Council COMMITTEE

Please Print

**PLEASE PRINT NAME CLEARLY**

Agenda No. 27715  
118

Name ~~Barbara Vedor~~ Barbara Vedor  
Address 2314 East Dayton St.  
Madison, WI

Please check the appropriate box:

Please check the appropriate box:

**Support**

**AND**

**Do not wish to speak**

**Oppose**

**Neither Support Nor Oppose**

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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

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(SEE BACK)