

45347
52999



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Public Works DATE 8/5/2018
 SUBJECT/ADDRESS/TOPIC Von Hise, Shepard Terrace, Mason, etc Sidwalks AGENDA ITEM NO. _____

YOUR NAME Steve Cantley + Family YOUR ADDRESS 2819 Mason St.

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input checked="" type="checkbox"/> OPPOSE <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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At this meeting are you representing an organization or a person other than yourself? Yes No

If you answered "no," **STOP**; you need not complete the rest of this form.
If you answered "yes," **go on to the next questions on the back side of this form.**



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE BPW DATE 9-5-18
 SUBJECT/ADDRESS/TOPIC SHEPARD AGENDA ITEM NO. _____

YOUR NAME ROGER LAKE YOUR ADDRESS 202 SHEPARD TERRACE

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input checked="" type="checkbox"/> OPPOSE <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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At this meeting are you representing an organization or a person other than yourself? Yes No

If you answered "no," **STOP**; you need not complete the rest of this form.
If you answered "yes," **go on to the next questions on the back side of this form.**



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____ DATE _____

SUBJECT/ADDRESS/TOPIC _____ AGENDA ITEM NO. _____

YOUR NAME Martin Schmid YOUR ADDRESS 214 N. Franklin Ave

Please check the appropriate boxes:

SUPPORT

Wish to speak (3 min. limit)

Do not wish to speak

Available to answer questions

OPPOSE sidewalks

Wish to speak (3 min. limit)

Do not wish to speak

Available to answer questions

NEITHER SUPPORT NOR OPPOSE

Wish to speak (3 min. limit)

Do not wish to speak

Available to answer questions

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

If you answered "no," STOP; you need not complete the rest of this form.
If you answered "yes," go on to the next questions on the back side of this form.



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Public Works DATE 09/15/18

SUBJECT/ADDRESS/TOPIC Shepard Terr ^{et al.} Str. AGENDA ITEM NO. _____

YOUR NAME Sandy Harlow & DARCY DEPKER YOUR ADDRESS 2825 Van Hise

Please check the appropriate boxes:

SUPPORT

Wish to speak (3 min. limit)

Do not wish to speak

Available to answer questions

OPPOSE

Wish to speak (3 min. limit)

Do not wish to speak

Available to answer questions

NEITHER SUPPORT NOR OPPOSE

Wish to speak (3 min. limit)

Do not wish to speak

Available to answer questions

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

If you answered "no," STOP; you need not complete the rest of this form.
If you answered "yes," go on to the next questions on the back side of this form.

52999

Date: 2/5/10

CITY OF MADISON

Registration Statement -

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. []

Name Braden Kerwin
Address 118 Shepard Ter

Please check the appropriate boxes:

- Support
Oppose
Neither Support Nor 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: Yes No

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

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

(SEE BACK)

Date: _____

CITY OF MADISON

Registration Statement - _____

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Bruce Gregg
Address 202 N. Franklin Ave

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- 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," 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: 9/5/18

CITY OF MADISON

Registration Statement - _____
COMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name YURI SAALMANN
Address 210 SHEPARD TER
MADISON WI 53705

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- 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," 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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Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)