

Date: 5-16-06

### City of Madison Registration Statement - Common Council

*You must register before the Council considers your item.*

Please Print

**03524**

**PRINT NAME CLEARLY**

Agenda No. <u>56</u>
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Name Helen Dietzler  
 Address 610 Western Ave.  
Madison, WI 53711

Please check the appropriate boxes:



**Support**

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



**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  
*(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," 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.....5 minutes  
 Information Hearing.....5 minutes  
 Other Items.....3 minutes

(See Back)

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**PRINT NAME CLEARLY**

Agenda No. 56

Name Maribeth Witzel-Behl  
Address 5206 Esker Drive  
Madison

Please check the appropriate boxes:

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

- Oppose**
- Wish to speak
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Information Hearing.....	5 minutes
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**PRINT NAME CLEARLY**

Agenda No. <u>56</u>
----------------------

Name Debra Schmidt  
 Address 2690 Research Park Dr. #216  
Fitchburg WI 53711

Please check the appropriate boxes:

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

- Oppose**
- Wish to speak
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