



20239

Date: 10-14-10

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 56

Name Mary Mullen  
Address 4337 Milford Rd  
Madison, WI 53711

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Wish to Speak

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

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

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

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: 12-14-10

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 52

Name ROBERT HOTIS  
Address 2313 ALLIED #310

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to Speak

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

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: 12/14

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

Agenda No. 56

PLEASE PRINT NAME CLEARLY

Name Nathan Beck  
Address 4333 Crawford Dr.  
Madison, WI, 53711

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Wish to Speak

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

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

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Are you being paid for your representation?  Yes  No

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*(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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REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: Dec 14 2010

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 56  
Verona Rd  
Plan

Name SUNSHINE JONES  
Address 4333 Crawford Drive

Please check one:

AND

Please check:

- Support
- Oppose (~~parts~~)
- Neither Support Nor Oppose

- Wish to Speak

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

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

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Are you being paid for your representation?  Yes  No

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REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_





Date: 10-14

# WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 56  
Verona Rd resolution

Name Kim Zinski

Address \_\_\_\_\_

Please check one:

AND

Please check:

Support

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.)

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\_\_\_\_\_

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REGISTRATION STATEMENT - PAGE 2

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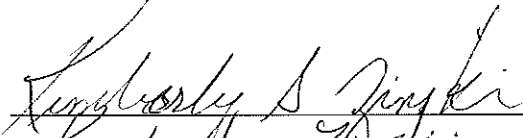
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Date 12/14/10

Signature   
Print Name Kimberly Zinski



Date: 12/14/10

# DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 56

Name DOROTHY KRAUSE  
Address 2105 APACHE DR  
53711

Please check one:

**AND**

Please check:

- Support** - *with neighborhood comments intact*
- Oppose**
- Neither Support Nor Oppose**

- Do not wish to speak**

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_