

#16302

Date:	7/	6	10	
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WISH TO SPEAK FORM

CITY OF MADISON

Registrat	ion Statement	Common Council COMMITTEE
Please Print		PLEASE PRINT NAME CLEARLY
Agenda No		Name Bill White Address 2708 Lake and Ave Madison 53704
Please check the app	propriate box:	Please check the appropriate box:
Support Oppose	[AND Wish to speak
Neither S	Support Nor Op	ppose
(If you answered "no of who you represent	o," STOP; you need not and go on to the next q elephone number of each	anization or a person other than yourself: Of complete the rest of this form. If you answered "yes," provide the name question) The person or organization you are representing: Our Council Our Cou
Are you appearing as	or your representation? s part of your other paid o, "STOP; you need no	Yes No d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	mmon Council) 5 minutes 3 minutes 3 minutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
	red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)		
If you are being that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk		
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)		
Date 7(1	Signature ()		
	Print Name Wm T White		



WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name ABY SARILE!
Please check the appropriate box:	Please check the appropriate box:
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Neither Support Nor O	ppose
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Are you appearing as part of your other pa (If you answered "no," STOP ; you need na question)	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
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Date	7-la-	10	Signature	MW	Danflot		
:	V		Print Name	ABRY U	PART	IETT	



WISH TO SPEAK FORM

CITY OF MADISON

Registrat	ion Statement - ַ	Common Cou	ıncil		· · · · · · · · · · · · · · · · · · ·
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Are you appearing a	or your representation? s part of your other paid o, "STOP; you need no	duties for this person	n or organization? fthis form. If you ans	Yes Yes Yes wered "yes,"	□ No □ No '' go on to the next
Speaking Limits:	• •	mmon Council)5 r			

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~	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 7-6-10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. #2]	Name Mannette ffr Address 2/0 Marinette ffr
Please check the appropriate box:	Please check the appropriate box:
Support Oppose	AND Wish to speak
☐ Neither Support Nor Op	pose
At this meeting are you representing an orga (If you answered "no," STOP ; you need no of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organization you are representing:
Are you being paid for your representation?	
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	I duties for this person or organization? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

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	REGISTRATION STATEMENT - PAGE 2
	n elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or the summental body?
	swered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question.)
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1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk
3.,	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	16-10 Signature Suran Schmitz
r	Print Name



AVAILABLE TO ANSWER QUESTIONS FORM Madison

CITY OF MADISON

Registrati	on Statement -	COMMITTEE	ouncil		
		PLEASE	PRINT CLEARLY		
		Name	BRAD HINKES	\$5	
Agenda No. 2		Address	217 CORRY		
			MADISON, WI	53704	
Please check or	ne:	AND	Please chec	k:	
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PORCHLIGHT, 1	NC. 306 N.	BROWKS ST.	MADISON, WI 53	5715	
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Speaking Limits:	Public Hearing (Cor Information Hearing	3			

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Room 103 of the C	City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at City-County Building, Madison, for more information.) Signature
Date 7/6/	Print Name BRAD HINKEUSS

Issue—Nuisance Alcohol Ban Ordinance

- A small group of Chronic Serial Inebriates "the habituals" results in significant community costs related primarily to their abuse of alcohol
- Studies by social service agencies in our community have estimated these habituals cost over \$4,000 a month each in public safety and health care system costs. This has a total estimated annual aggregate cost of over \$3 million.
- The City is preparing a ban list to limit the easy access to alcohol to these habituals within the city. The ordinance, which would provide for due process, would be based on documented incidents that define actual behavior not presumed characteristics or appearances.
- Downtown Madison, Inc. (DMI) supports efforts to provide resources needed to offer alternatives and programs for new and different behaviors. These would include shelter and treatment resources.

DMI Position

• Downtown Madison, Inc. (DMI) supports the development and adoption of an alcohol ban list for individuals who have demonstrated through their own actions to be chronic trouble makers.

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