



# 16302

Date: 7/6/10

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 21

Name Bill White  
Address 2708 Lakeland Ave  
Madison 53704

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:

Madison Alcohol Advisory Council

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.)

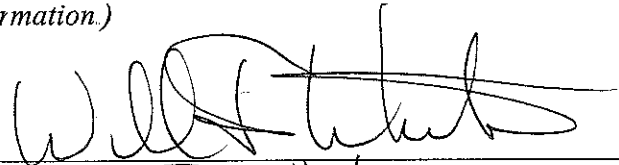
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Date 7/6/10

Signature



Print Name

Wm F White



Date: 7-6-10

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

**PLEASE PRINT NAME CLEARLY**

Name

ABBY BARTLETT

Address

Agenda No. 21

Please check the appropriate box:

Please check the appropriate box:

- Support** & Answer Questions
- 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:

MAAC

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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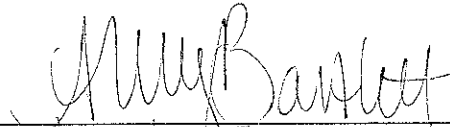
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Date 7-6-10

Signature   
Print Name ABBY BARTLETT



Date: 7-6-10

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

Agenda No. 21

PLEASE PRINT NAME CLEARLY

Name Michael Basford  
Address 1917 Schlimgen  
Madison, WI 53704

Please check the appropriate box:

Support

Oppose

Neither Support Nor Oppose

AND

Please check the appropriate box:

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

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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. #21

Name Susan Schmitz  
Address 210 Marinette Tr

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:

DM  
122 W. Wash.

Are you being paid for your representation?  Yes  No

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

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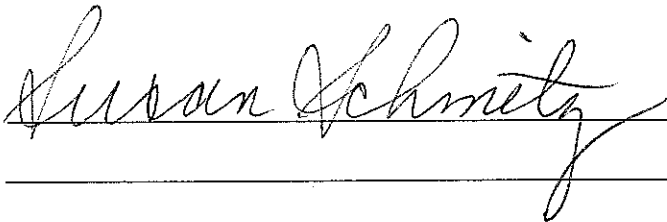
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Date 7-6-10

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





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

# AVAILABLE TO ANSWER QUESTIONS FORM

## CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

PLEASE PRINT CLEARLY

Name BRAD HINKFUSS

Address 217 CORY ST.  
MADISON, WI 53704

Agenda No. 21

Please check one:

AND

Please check:

Support

Oppose

Neither Support Nor Oppose

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:

PORCHLIGHT, INC. 306 N. BROOKS ST., MADISON, WI 53715

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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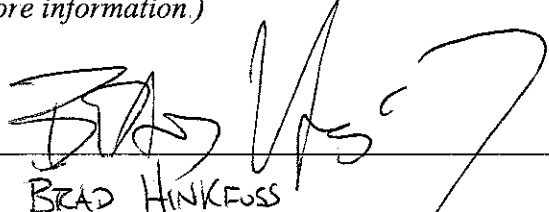
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Date 7/6/2010

Signature

  
\_\_\_\_\_

Print Name

BRAD HINKFOSS

July 21, 2009

**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.

