Date: 2/2/10

## CITY OF MADISON

Registration Statement	Common Council
Please Print 16688	COMMITTEE  PLEASE PRINT CLEARLY
Agenda No.	Name MARK XEUBAUER  Address 404 SouthBours De.  DEFOREST, WI 53532
Please check the appropriate boxes:	
<ul><li>Support</li><li>□ Oppose</li><li>□ Neither Support Nor Oppose</li></ul>	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: X Yes No (If you answered "no," <b>STOP</b> ; 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  HYATT PLACE HOTE	h person or organization you are representing:
333 W. WASHING	TOO Der,
MADISW, WI 537	70'Y
Are you being paid for your representation?	⊬ Yes □ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization?  Yes  No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	amon Council)5 minutes 3 minutes 3 minutes