

18993 Date: 9-21-2010

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statem	nent - <u>Common Cou</u>	ıncil
Please Print	PLEASE PI	Scort B. THORNTON
Agenda No.	Name Address	MADISON, WI S3703
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support N	or Oppose	
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to to Name, address and telephone numb	need not complete the rest of the next question.)	this form. If you answered "yes," provide the name
Are you being paid for your represe	ther paid duties for this person	-
(If you answered `no," STOP; you question)	need not complete the rest of	this form. If you answered "yes," go on to the next
Information	ing (Common Council) 5 m Hearing 3 m 3 m	inutes

(SEE BACK)



Date: 961/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration	n Statement	COMMITTEE	ouncil	
Please Print		PLEASE	PRINT NAME CLEAN	₹LY
Agenda No) 	Name Address	STON. CA	LETLERS RROLLST
Please check one	**	AND	Please check	::
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Oppose				
Neither Su	pport Nor Opp	pose		
of who you represent an	STOP; you need not d go on to the next qu	complete the rest uestion.)	n other than yourself: of this form. If you answe vation you are representing	☐ Yes No rred "yes," provide the name g:
Are you being paid for y	our representation?			Yes No
Are you appearing as pa (If you answered "no," a question)				Yes No No ered "yes," go on to the next
I	Public Hearing (Com nformation Hearing Other Items	, . , ,	3 minutes	

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Date: 9/21/2010

WISH TO SPEAK FORM

CITY OF MADISON

Registration	n Statement	COMMITTEE	ouncil			·
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Agenda No	D Just	Name Address	135 MAD	lie N. H ISON	Wur Ancoa YWI	1-KOYN CK
Please check one	:	AND	Plea	se chec	ek:	
Support			X	Wish	to Speak	S
Oppose			·			
Neither Su	pport Nor Op	pose				
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Are you being paid for y	our representation?				☐ Yes	No
Are you appearing as pa (If you answered "no," question.)	rt of your other paid STOP; you need not	duties for this per t complete the rest	son or organiz	ation? If you ans	∏ Yes wered "yes,,	No go on to the next
I	Public Hearing (Com nformation Hearing Other Items		3 minutes			



DO NOT WISH TO SPEAK FORM

Date: 09/21/12

CITY OF MADISON

Registra	ition Statement -	Common Col	uncil
Please Print			
		PLEASE P	PRINT NAME CLEARLY
		Name	Julie Spears
Agenda No.		Address	307 S. Fall St.
			madison, UI 53703
Please check	one:	AND	Please check:
Support			Do not wish to speak
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Neither	Support Nor Op	nose	
(If you answered "n of who you represer	nt and go on to the next q	t complete the rest of uestion.)	other than yourself: Yes No this form If you answered "yes," provide the name ion you are representing:
Are you being paid	for your representation?		☐ Yes ☐ No
	s part of your other paid o," STOP; you need not		or organization?
Speaking Limits:	Public Hearing (Com		
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DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registrati	on Statement -	Common C	ouncil		
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Are you being paid for Are you appearing as (If you answered "no, question)	part of your other paid	l duties for this pers	on or organization? of this form. If you ans	 ☐ Yes [No No on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	,	minutes		

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DO NOT WISH TO SPEAK FORM

Date:

CITY OF MADISON

Registra	tion Statement - ַ	Common Co	ouncil							
		COMMITTEE	(Ouplie	Te form						
Please Print		(Duplicate form) PLEASE PRINT NAME CLEARLY								
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