Date: 5/11/16

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 41691 G1

Name JOHN OLSON

Address 1600 Calico Ct.
Sun Prairie, Wis.

Please check the appropriate boxes:

☐ **Support**
☒ **Oppose**
☐ **Neither Support Nor Oppose**

and

☒ Wish to speak
☐ Do not wish to speak
☐ Available to answer questions

Speaking Limits: Public Hearing .... 5 minutes
Information Hearing............................. 3 minutes
Other Items .... 3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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

BJV LLC ~ OLSON Victoria Montgomery 5 Montgomery Ln. Seattle Wash.

BJV Olson Properties Bonnie Olson 4225 Williams Rd, Rio, Wis.

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.)

(SEE BACK)

Date: 5/11/16

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Name: Gayle Gold

Address: 1044 Jenifer St.

Madison WI

Agenda No. G1

Please check the appropriate boxes:

☐ **Support**
☐ **Oppose**
☐ **Neither Support Nor Oppose**

and

☑ Wish to speak
☐ Do not wish to speak
☐ Available to answer questions

Speaking Limits:
Public Hearing .... 5 minutes
Information Hearing............................. 3 minutes
Other Items .... 3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Oppose relocation of bus stop on Jenifer at Ingersol

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.)

(SEE BACK)

Date: 5/11/16

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Name JEFF WARDMAN

Agenda No. G 1

Address 1050 Jenifer

Please check the appropriate boxes:

☐ **Support**
☒ **Oppose**
☐ **Neither Support Nor Oppose**

and ☒ Wish to speak
☐ Do not wish to speak
☐ Available to answer questions

Speaking Limits:
Public Hearing .... 5 minutes
Information Hearing.............................. 3 minutes
Other Items .... 3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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.)

(SEE BACK)

Date: 5/11/16

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Joyce Cullen

Address 1054 Jenifer St

Agenda No. G1

Please check the appropriate boxes:

☐ **Support**
☒ **Oppose**
☐ **Neither Support Nor Oppose**

and ☒ Wish to speak
☐ Do not wish to speak
☐ Available to answer questions

Speaking Limits: Public Hearing .... 5 minutes
Information Hearing............................. 3 minutes
Other Items .... 3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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.)

(SEE BACK)

10/31/12-F:\Tncommon\COMMITTE\TR&PKG\Registration Form 6.30.06 per APM.doc

Date: 5/11/16

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. G1

Name Donna M. Davis

Address 1103 Jenifer St.

Madison, WI

Please check the appropriate boxes:

- [ ] **Support**
- [✓] **Oppose**
- [ ] **Neither Support Nor Oppose**

and

- [✓] Wish to speak
- [ ] Do not wish to speak
- [ ] Available to answer questions

Speaking Limits:
Public Hearing .... 5 minutes
Information Hearing............................. 3 minutes
Other Items .... 3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Representing: Capital City Sanctuary Church

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.)

(SEE BACK)

10/31/12-F:\Tncommon\COMMITTE\TR&PKG\Registration Form 6.30.06 per APM.doc

Date: 5-11-2016

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Scott B. Thornton

Address 1104 Juniper St

Madison, WI 53703

Agenda No. **G.1.**

Please check the appropriate boxes:

☐ **Support**
☒ **Oppose**
☐ **Neither Support Nor Oppose**

and ☒ Wish to speak
☐ Do not wish to speak
☐ Available to answer questions

Speaking Limits: Public Hearing .... 5 minutes
Information Hearing............................ 3 minutes
Other Items .... 3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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.)

(SEE BACK)