



Date: 5-18-10

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 22

Name PETER DOSTLIND  
Address 533 W. Main  
MADISON

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

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:  
Mansion Hill District of Capitol Neighborhoods

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

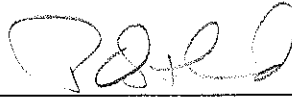
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Date 5-16-10 Signature   
Print Name PETER DAZLING



Date: 5/18/10

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

*OK TO BE LAST*

PLEASE PRINT NAME CLEARLY

Name Brenda Konkel

Address 30 N Hancock  
Madison WI 53703

Agenda No. 22

Please check one:

AND

Please check:

Support

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.)

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 5-18-2010

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name Robbie Webber

Address 2613 Stevens St.

Madison, WI 53705

Agenda No. 22

Please check one:

AND

Please check:

Support

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:

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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REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 5/18-2010

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name

Stephen Zanon

Address

138 Larkin St.  
Madison 53705

Agenda No.

22

Please check one:

AND

Please check:

Support

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:

The Madison Concourse Hotel  
1 W. Dayton St.

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  
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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





Date: 5/18/10

# WISH TO SPEAK FORM

## CITY OF MADISON

### Registration Statement - Common Council

COMMITTEE

Please Print

**PLEASE PRINT NAME CLEARLY**

Name

BILL WELLMAN

Address

601 LANGDON STREET  
MADISON

Agenda No. 22

**Please check one:**

**AND**

**Please check:**

Support

Oppose

Neither Support Nor Oppose

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

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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REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 5/18/10

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 22

Name Michael Hood  
Address Strategic Hospitality  
Milwaukee Resources

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

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:

Group of Local Hoteliers

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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REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 5/18/2010

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 22

Name Lucy Mathiak  
Address 716 Orton Ct  
Madison

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

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:

I am speaking for myself as an elected  
member of The Madison Metropolitan  
School District Board of Education

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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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



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

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 22

Name TOM ZIARNIK

Address 525 W. JOHNSON ST

MADISON WI 52713

Please check one:

AND

Please check:

Support

Oppose

Neither Support Nor Oppose

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Date \_\_\_\_\_

Signature Tom Zarnik

Print Name Tom Zarnik





Date: 5/18/2010

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 22 TIF

Name Steve Andlo  
Address 303 N. Hamilton Street

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to Speak

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 5/18/10

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 22

Name FRED WOTTS  
Address 512 GILSCORPS RD AB

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



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

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name Heath Zellers

Address 510 W. Carroll St

Agenda No. 27

Please check one:

AND

Please check:

Support

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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  
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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 5-18-10

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. #22, 64

Name Susan Schmidt

Address 210 Marinette Tr.

Please check one:

AND

Please check:

Support

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:

DMI  
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?  Yes  No  
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REGISTRATION STATEMENT - PAGE 2

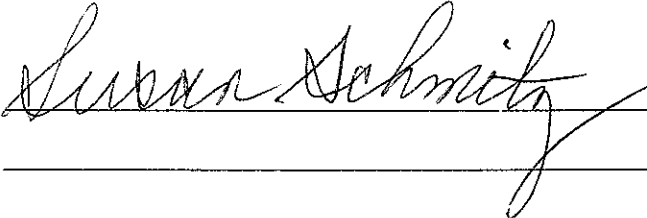
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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Date 5-18-10 Signature   
Print Name \_\_\_\_\_





Date: 18 May 2010

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. # 02 + 64

Name Gary Peterson

Address \_\_\_\_\_

Please check one:

AND

Please check:

Support

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 5/18/00

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

Agenda No. 22

PLEASE PRINT NAME CLEARLY

Name Allen Arutsey  
Address 2817 Milwaukee St  
Madison

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

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:

Hammes

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

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Date 5/18/10

Signature 

Print Name Allen Arutsey



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

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 22

Name Amy Supple  
Address 7908 Saint Andrew Circle  
Verona WI

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

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

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

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Date 5-18-10

Signature

Print Name

  
\_\_\_\_\_  
Amy Supple



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

# WISH TO SPEAK FORM

## CITY OF MADISON

### Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4/22

Name Heely Wende

Address 531 N PINEKEY ST

Please check one:

AND

Please check:

Support

Oppose

Neither Support Nor Oppose

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:

PINCKNEY PLACE CONDOMINIUMS  
531 N PINEKEY

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  
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 Other Items ..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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





Date: 3-18-10

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 22

Name STEVE BREITLOW  
Address 1602 S PARK ST  
MADISON

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

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:

BUILDING + CONST TRADES COUNCIL SOUTH CENTRAL WI

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  
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Other Items ..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 5/18/10

# AVAILABLE TO ANSWER QUESTIONS FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 22

Name SAM LAWRENCE  
Address WOODBURN DR  
MADISON

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:  
FINDCRFF  
300 S BEDFORD ST  
MADISON

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



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

# WISH TO SPEAK FORM

## CITY OF MADISON

### Registration Statement - Common Council

COMMITTEE

Please Print

**PLEASE PRINT NAME CLEARLY**

Agenda No. 22

Name ROB HUNDEW

Address A942 W. DUNES HWY  
BEVERLY SHORES, W 46301

**Please check one:**

**AND**

**Please check:**

**Support**

**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:

City of Madison - ~~Mario Hernandez~~

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  
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**(SEE BACK)**

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 5/18/10

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

**PLEASE PRINT NAME CLEARLY**

Agenda No. #22

Name Lisa Pfaff  
Address 2106 Center Ave #4  
Madison, WI 53704

**Please check one:**

**AND**

**Please check:**

- Support
- Oppose
- Neither Support Nor Oppose

Do not 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

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
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**(SEE BACK)**

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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





Date: 5/18/10

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 22

Name WILLIAM PEDEN  
Address 1 LONGDON ST.  
MADISON, WIS.

Please check one:

**AND**

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not 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

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



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

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

### Registration Statement - Common Council COMMITTEE

Please Print

**PLEASE PRINT NAME CLEARLY**

Agenda No. 22

Name PETER WOLFF  
Address 945 Juniper St.  
Madison 53703

**Please check one:**

**AND**

**Please check:**

- Support
- Oppose
- Neither Support Nor Oppose

**Do not 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

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
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Speaking Limits: Public Hearing (Common Council) ..... 5 minutes  
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**(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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 18 May 2010

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

### Registration Statement - Common Council COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 22, 64

Name PAUL O'LEARY  
Address 1134 E MIFFLIN ST  
MADISON 53703

Please check one:

**AND**

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not 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

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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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 5/18/10

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 22

Name CHELSEY BOWLES

Address 1 LANGDON ST.

Please check one:

**AND**

Please check:

Support

Do not 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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  
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Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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





Date: 18 MAY 2010

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

### Registration Statement - Common Council COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. #22

Name MARK WCFADDEN  
Address 513 ELMSIDE BLVD  
MADISON

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not 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

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
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Information Hearing..... 3 minutes  
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



5 support

27 oppose

oppose 3

6 oppose

Date: 5-18-10

64 oppose

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 22

Name Barbara Williams  
Address 1 Langdon  
Madison, WI

Please check one:

**AND**

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not 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

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 \_\_\_\_\_

Signature \_\_\_\_\_

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



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

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

**PLEASE PRINT NAME CLEARLY**

Agenda No. 22

Name Lucy Gibson  
Address 1610 Angel Crest Way  
Madison WI 53716

**Please check one:**

**AND**

**Please check:**

- Support
- Oppose
- Neither Support Nor Oppose

Do not 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

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: MAY 18 2010

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

### Registration Statement - Common Council COMMITTEE

Please Print

**PLEASE PRINT NAME CLEARLY**

Agenda No. 22

Name DANIEL J. CBRIEN  
Address 110 S. FRANKLIN  
MADISON

**Please check one:**

**AND**

**Please check:**

- Support
- Oppose
- Neither Support Nor Oppose

Do not 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

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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





Date: 5/18/10

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 22

Name AARON GRANOWAL  
Address 108 PROWDFIT ST  
MADISON 53715

Please check one:

**AND**

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not 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

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
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Speaking Limits: Public Hearing (Common Council) .....5 minutes  
Information Hearing.....3 minutes  
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 5-18-2010

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 22

Name SCOTT B. THORNTON  
Address 1104 JENIFER ST  
MADISON

Please check one:

**AND**

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not 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

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

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Date 5-18-2010

Signature 

Print Name SCOTT B. THORNTON



Date: 5-18-10

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

### Registration Statement - Common Council COMMITTEE

Please Print

**PLEASE PRINT NAME CLEARLY**

Agenda No. 22

Name Dave Beck Fenzel

Address 921 Burning Wood Way  
Madison

**Please check one:**

**AND**

**Please check:**

**Support**

**Do not 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:

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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  
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**(SEE BACK)**

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



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

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 22

Name KATHERINE BLOWEN  
Address 7422 FARMINGTON WAY  
MADISON

Please check one:

**AND**

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not 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:

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\_\_\_\_\_  
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Are you being paid for your representation?  Yes  No

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Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 5/8/10

Signature Kama Browne

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





Date: 5-18-2010

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

### Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 22

Name JEFF POPTAWSKY  
Address 350 S. Hamilton St #204  
MADISON, WI 53703

Please check one:

**AND**

Please check:

Support

Oppose

Neither Support Nor Oppose

Do not 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

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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Information Hearing..... 3 minutes  
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 5.18.2010

Signature Jeff Poltawsky  
Print Name ~~JEFF~~ JEFF POLTAWSKY



Date: 5-18-10

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 22

Name Tom Arnhold  
Address 350 S. Hamilton St #204  
Madison, WI 53703

Please check one:

**AND**

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not wish to speak

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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\_\_\_\_\_  
\_\_\_\_\_  
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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

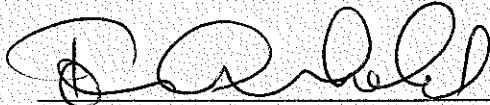
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Date 5-18-10

Signature 

Print Name Tom Arund