

ID# 08926

Date: April 22, 2008

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print

PLEASE PRINT NAME CLEARLY

Report of Landmarks Comm.
Agenda No. 47 08926

Name Tom Neujahr
Address 168 N. Prospect Ave
Madison

Please check the appropriate box:

Please check the appropriate box:

- Support
Oppose
Neither Support Nor Oppose

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: 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:

Urban Land Interest

Are you being paid for your representation? I'm an employee. 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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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: Oct 22, 2008

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

| |
|----------------------|
| Agenda No. <u>47</u> |
|----------------------|

Name JACK HOLZHOFFER
 Address 9099 KATZENBUCHER
MADISON, WI 53780

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

- 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: 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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 (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)

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Date Oct 22, 2008

Signature

John A. Holzner

Print Name

JOHN A. HOLZNER

Date: 4/22/08

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

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|--|
| <p style="text-align: center; font-size: 1.5em;">47</p> <p>Agenda No. <u>08926</u></p> |
|--|

PLEASE PRINT CLEARLY

Name Tom Link

Address 1111 Willow Lane

Please check the appropriate boxes:

- Support**
- Oppose**
- Neither Support Nor Oppose**

- 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: Yes No
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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

Thomas L. Smith

Date: 4/22/08

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 47

Name Michael Bridgeman
Address 106 S Franklin St
Madison WI 53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- 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: 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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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: 4/22/08

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

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Agenda No. 47

Name Carolyn Freiwald
Address 1442 Williamson
Madison 53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- 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: 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 Trust for Hist. Pres.

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: 4-22-08

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 47

Name ROSEMARY LEE
Address 11 W Wilson 53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- 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? 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: 4/22/08

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

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Agenda No. 47

Name Ron Porter
Address 17 Lansing St
Madison 53714

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- 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: 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

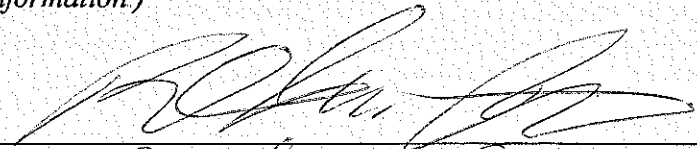
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Date 4/22/08

Signature 
Print Name Ronald W. Porter

Date: 4-22-08

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

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|----------------------|
| Agenda No. <u>47</u> |
|----------------------|

Name Carol Crossan
 Address 512 E Main St
Madison WI 53703

Please check the appropriate boxes:

- Support**
- Oppose**
- Neither Support Nor Oppose**

- 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: 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: 4/22/08

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 47

Name Amy Wyatt
Address 1141 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

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:

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| Public Hearing (Common Council) | 5 minutes |
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 4/22/08 Signature Amy Wyatt
Print Name Amy Wyatt

Date: 4-22-08

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

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Agenda No. 47

Name Michelle Martin
Address 2217 Superior St
Madison 53704

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- 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: 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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| Other Items | 3 minutes |

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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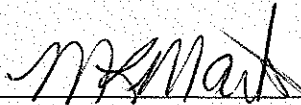
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Date 4-22-08

Signature



Print Name

Michelle Martin

Date: 4/22/08

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

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Agenda No. 47

Name Alexander A Handler
Address 505 University Ave apt 304
Madison WI 53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- 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: Yes No
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| | |
|--------------------------------------|-----------|
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| Other Items..... | 3 minutes |

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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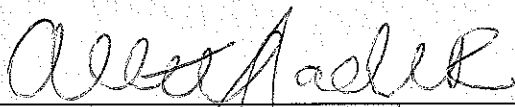
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Date 4/22/08

Signature 
Print Name Alexandra Handler

Date: 4/22/08

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

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Agenda No. 47

Name James Roper
Address 746 E Conham
Madison

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- 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: Yes No
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| Information Hearing | 3 minutes |
| Other Items | 3 minutes |

(SEE BACK)

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Date 4/22/08

Signature James Roper
Print Name James Roper