

Date: _	
---------	--

WISH TO SPEAK FORM

CITY OF MADISON

Registrati	ion Statement -		ouncil	
Please Print 178 Agenda No. 6	395	PLEASE I Name Address	PRINT NAME CLEARLY STV (EVITAIN (1181 Cherollee) MSN S3711	*
Please check the app	propriate box:		Please check the appropriate box:	
Support Oppose		AND	Wish to speak	
Neither S At this meeting are ye (If you answered "no		anization or a person	n other than yourself: Yes No of this form. If you answered "yes," provide the	name
•	and go on to the next of	·	ation you are representing:	
				<u> </u>
Are you being paid fo	or your representation?		☐ Yes ☐ No	
	part of your other paid o," STOP; you need no		on or organization?	е пехі
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	<u> </u>	minutes	

(SEE BACK)



Date: 5/9-1/0

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common Council	
	COMMITTEE	
Please Print	PLEASE PRINT NAME CLEARLY	
Agenda No.	Name Address Addres	
Please check the appropriate box:	Please check the appropriate box:	
Support	AND Wish to speak	
Oppose	<u> </u>	
Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," STOP ; you need not of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name	
•	h person or organization you are representing:	
Are you being paid for your representation?		
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	
	nmon Council) 5 minutes 3 minutes	

(SEE BACK)