

Date: 4/13/16 ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. A2

Name Gayle Gold
Address 1044 Jennifer Street
Madison 53703

Please check the appropriate boxes:

- Support
 - Oppose *Relocation of Bus Stop*
 - Neither Support Nor Oppose *on Jennifer at Ingersoll*
- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing *at Ingersoll* 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):

[Empty box for comments]

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

[Empty lines for name, address, and telephone number]

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: 4/13/16 ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Name DENNIS CHANDLER
Address 1044 JENIFER
MADISON

Agenda No. H 2

Please check the appropriate boxes:

- Support
 - Oppose RELOCATION OF BUS STOP
 - 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):

[Empty box for comments]

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

[Empty lines for name, address, and telephone number]

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: _____

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name JEFF WALDMAN

Address 1050 JENIFER
RD MADISON

Agenda No. H2

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)