



Date: May 4, 2010

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

#18234

PLEASE PRINT NAME CLEARLY

Name

Brenda Gonzalez

Address

1678 Capital Ave.  
Madison, WI 53705

Agenda No. 1

Please check the appropriate box:

Support

Oppose

Neither Support Nor Oppose

AND

Please check the appropriate box:

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)



Date: May 4, 2010

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

#18234

PLEASE PRINT NAME CLEARLY

Name

Brenda Gonzalez

Address

1678 Capital Ave.  
Madison, WI 53705

Agenda No. <u>1</u>
---------------------

Please check the appropriate box:

Please check the appropriate box:

Support

**AND**

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)



Date: 5/4/10

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

### Registration Statement - Common Council

COMMITTEE

Please Print

**PLEASE PRINT NAME CLEARLY**

Agenda No. 1

Name Lourdes I. Henera  
Address 3528 Atwood Av. 104  
Madison WI 53714

Please check the appropriate box:

Please check the appropriate box:

**Support**

**AND**

**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  
(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)

Date: 05/04/10



# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 1

Name YANCY ARGUEDAS  
Address 505 Cottage Grove Rd apt #2  
Madison, WI

Please check the appropriate box:

Please check the appropriate box:

Support

**AND**

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  
(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)



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

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 1

Name Paco Godmez

Address 3528 Atwood

Madison WI

53714

Please check the appropriate box:

Please check the appropriate box:

Support

**AND**

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  
(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)

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



# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

### Registration Statement - Common Council COMMITTEE

Please Print

**PLEASE PRINT NAME CLEARLY**

Agenda No. 1

Name Rissel Sanderson  
Address 4701 Bob-O-Fink Ln.  
Madison, WI 53714

Please check the appropriate box:

Please check the appropriate box:

**Support**

**AND**

**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  
*(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)**



Date: 5/4/10

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. # 1

Name Armando Contreras  
Address 201 S. Park St.  
Madison, WI 53715

Please check the appropriate box:

Please check the appropriate box:

Support

**AND**

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  
(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)

Date: 05/04/2010



# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

Agenda No. 1

PLEASE PRINT NAME CLEARLY

Name Juan Carlos Reyes  
Address 1917 Lake Point Dr.  
Madison, WI

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

Please check the appropriate box:

- 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:  
Bridge Lake Point Neighborhood Center  
1917 Lake Point Dr.

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)





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

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

**PLEASE PRINT NAME CLEARLY**

Agenda No. 1

Name Kenneth Craft  
Address 1105 Williamson St  
Madison WI 53703

Please check the appropriate box:

Please check the appropriate box:

**Support**

**AND**

**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  
*(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)



Date: 5-4-10

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 1

Name Terrance Weaver  
Address 10 Flagstaff Court  
Madison WI 53719

Please check the appropriate box:

Please check the appropriate box:

Support

**AND**

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  
(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)