



21106

Date: 2/1/11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 38

Name Eric Sundqvist
Address 2215 Keyes Ave

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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(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: _____

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Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 38

Name Mark Opitz
Address 6753 Black Cherry Ln
Middleton

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to Speak

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WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 38 / 113

Name DANIELLE DEJEAN
Address 801 W. MADISON ST
WATERLOO, WI 53594

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Wish to Speak

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

B-CYCLE / TREK
801 W. MADISON ST
WATERLOO, WI 53594

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Date 01 FEB 2011

Signature



Print Name

DANIELLE DEJEAN



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 38

Name Mitchell Nussbaum
Address 1615 Madison St.
Madison 53711

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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Signature _____

Print Name _____



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CITY OF MADISON

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COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>38</u>

Name

Chuck Litweiler

Address

5 LUKKEN COURT

MADISON WI

53704

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

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Agenda No. 38

PLEASE PRINT NAME CLEARLY

Name AARON CRANDALL
Address 108 PROWETT ST
MADISON 53715

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not wish to speak

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