Madison

☐ Yes

☐ No

COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE BOARS OF Public Works				
COMMISSION/COMMITTEE Borns of Public works DATE 1/20/200 SUBJECT/ADDRESS/TOPIC Gregory et al Recashiction AGENDA ITEM NO. 5				
Please check the appropriate boxes: SUPPORT Wish to speak (3 min. limit) Do not wish to speak Available to answer questions YOUR ADDRESS YOUR ADDRESS Wish to Speak (3 min. limit) Do not wish to speak Available to answer questions	NEITHER SUPPORT NOR OPPOSE Wish to speak (3 min. limit) Do not wish to speak Available to answer questions			
At this meeting are you representing an organization or a person other than yourself? If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions on the back side of this form.				
	COMMISSION / COMMITTEE REGISTRATION FORM Madison			
COMMISSION / COMMITTEE REGISTRATION FOR	RM Madison			
COMMISSION / COMMITTEE REGISTRATION FOR COMMISSION/COMMITTEE	RM Madison DATE			

If you answered "no," **STOP**; you need not complete the rest of this form.

If you answered "yes," **go on to the next questions on the back side of this form.**

At this meeting are you representing an organization or a person other than yourself?

COMMISSION / COMMITTEE REGISTRATION FORM



COMMISSION/COMMITTEE Public 2001/20 DATE 1-27			
SUBJECT/ADDRESS/TOPIC <u>Cross-Copiland</u> AGENDA ITEM NO. <u>5</u>			
YOUR NAME And GRaw of Vour Address 3401 CROSS Please check the appropriate boxes:			
SUPPORT	OPPOSE	NEITHER SUPPORT NOR OPPOSE	
☐ Wish to speak <i>(3 min. limit)</i> ☐ Do not wish to speak☐ Available to answer questions	☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions	Wish to speak (3 min. limit) Do not wish to speak Available to answer questions	
At this meeting are you representing an organization or a person other than yourself? If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next questions on the back side of this form.			
COMMISSION / COMMITTEE REGISTRATION FORM Madison			
COMMISSION/COMMITTEE Robin Works DATE 1-22-20			
SUBJECT/ADDRESS/TOPIC Gregory/Wester Reconstruction AGENDA ITEM NO. 5			
YOUR NAME YOUR ADDRESS 3303 Gragay St			
Please check the appropriate boxes:			
SUPPORT	OPPOSE	☐ NEITHER SUPPORT NOR OPPOSE	
☐ Wish to speak <i>(3 min. limit)</i> ☐ Do not wish to speak☐ Available to answer questions	☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions	☐ Wish to speak <i>(3 min. limit)</i> ☐ 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," **go on to the next questions on the back side of this form**.

COMMISSION / COMMITTEE REGISTRATION FORM



COMMISSION/COMMITTEE	blic Works	DATE 1.55.50	
SUBJECT/ADDRESS/TOPIC	eggy ST Reconstruction	AGENDA ITEM NO	
YOUR NAME KIM TURNER YOUR ADDRESS 3306 and 3303 Gregory St Please check the appropriate boxes: YOUR ADDRESS 3306 and 3303 Gregory St WSW 5314			
□ SUPPORT □ Wish to speak (3 min. limit) □ Do not wish to speak □ Available to answer questions	OPPOSE Wish to speak (3 min. limit) Do not wish to speak Available to answer questions	□ NEITHER SUPPORT NOR OPPOSE □ Wish to speak (3 min. limit) □ 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," go on to the next questions on the back side of this form.