



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Board of Public Works DATE _____
SUBJECT/ADDRESS/TOPIC Darbo Street Project AGENDA ITEM NO. #4

YOUR NAME Chris Stangel YOUR ADDRESS 133 E Gilman St. #2

Please check the appropriate boxes:

<input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input checked="" type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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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 PUBLIC WORKS DATE 2/7/18
SUBJECT/ADDRESS/TOPIC DARBO DR TO WEBB RD AGENDA ITEM NO. 10234

YOUR NAME DANIEL LONSDORF YOUR ADDRESS 3001 W. BELTLINE WAY
MADISON, WI

Please check the appropriate boxes:

<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions	<input type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions	<input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions
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