



Date: 5/4/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

18
Agenda No. 18098

PLEASE PRINT NAME CLEARLY

Name Helene Androski
Address 505 Riverside Dr
Madison 53704

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)

Date: _____



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

18 Agenda No.	18098
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PLEASE PRINT NAME CLEARLY

Name LARRY GRAY

Address 505 RIVERSIDE DRIVE

Please check the appropriate box:

Support

Oppose

Neither Support Nor Oppose

AND

Please check the appropriate box:

Do not wish to speak

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