

Date: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board  
COMMITTEE

Please Print

Agenda No. 15

PLEASE PRINT CLEARLY

Name Rachel Durfee  
Address 848 Woodrow St.  
Madison WI 53711

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - 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," 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)

9:05:35

Date: 7.24.2012

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u>15</u>
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PLEASE PRINT CLEARLY

Name Anneliese Emerson

Address 5137 Whitcomb Dr  
Madison WI 53711

Please check the appropriate boxes:

- Support
- Oppose - *language?*
- Neither Support Nor Oppose

- and
- Wish to speak
  - 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," 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:

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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)

8:58

Please let him know his written statement was read

Date: 7-24-12

CITY OF MADISON

Registration Statement - Water Utility Board  
COMMITTEE

Please Print

Agenda No. "opt-out"

PLEASE PRINT CLEARLY

Name Tom Esser  
Address 4610 YAMLET PL  
MADISON WI 53714

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - 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," 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

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90704

Date: 7/24/10

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u>Opt-out</u>
---------------------------

PLEASE PRINT CLEARLY

Name Larry Kaufman  
 Address 3730 Hammersley Ave

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - 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," 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:

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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

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9/16/20

Date: 7-24-12

CITY OF MADISON

Registration Statement - Water Utility Board  
COMMITTEE

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Agenda No. #15

PLEASE PRINT CLEARLY

Name Dolores Keston  
Address 1818 Winchester St  
Madison WI  
53704

Please check the appropriate boxes:

- Support
- Oppose *delay*
- Neither Support Nor Oppose

- and
- Wish to speak
  - 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," 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:

MWU should not be delaying  
with an opt-out policy.

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

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8:51:20  
8 54 20

Date: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board  
COMMITTEE

Please Print

Agenda No. 15

PLEASE PRINT CLEARLY

Name Thomas Kozlousky  
Address 1139 Paalire Ave  
MADISON

Please check the appropriate boxes:

- Support Delay - STOP Installation
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - 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," 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

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Date: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board  
COMMITTEE

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Agenda No. 15

PLEASE PRINT CLEARLY

Name Pacia J. Harper  
Address 528 Troy Dr.  
Madison 53704

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

*Please see comments on back.*

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

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92015

Date: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board  
COMMITTEE

Please Print

Agenda No. 15

PLEASE PRINT CLEARLY

Name JILLIAN HUSSEY  
Address 6409 BRIDGE ROAD, #102  
MADISON, WI 53715

Please check the appropriate boxes:

Support  
Oppose *Smart Meters / Support off-out* and  
Neither Support Nor Oppose

Wish to speak  
 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," 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

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

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

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Agenda No. <u>15</u>
----------------------

PLEASE PRINT CLEARLY

Name Dorothy Kroeber

Address 5150 Whitcomb Dr.

Madison, WI 53711

Please check the appropriate boxes:

 Support  
 Oppose  
 Neither Support Nor Oppose

Support  
 Oppose  
 Neither Support Nor Oppose

and  Wish to speak  
 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," 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:

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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

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11 WISH TO SPEAK

8:47 13  
8:50

Date: July 24th, 2013

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. 15

PLEASE PRINT CLEARLY

Name Kirsten Lombard  
Address 210 N. Paterson St. #2  
Madison, WI 53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - 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," 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:

There should be no further delay on the development of a solid opt-out. The opt-out currently proposed is problematic in more than one respect. There are other far better options being proposed by citizens. The water utility board should be working with those citizens.

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)

METER 15. opt-out

Date: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print



Agenda No. 27144

PLEASE PRINT CLEARLY

Name Kristina Mattie
Address 1733 Sheridan Dr.
Madison, WI 53704

Please check the appropriate boxes:

- Support but no fees should be incurred to do so and the policy should be in place BEFORE the commencement of smart meter installation
Oppose
Neither Support Nor Oppose
Wish to speak
Do not wish to speak
Available to answer questions

At this meeting are you representing an organization or a person other than yourself: No of smart meter installation

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

Are you being paid for your representation? No

Are you appearing as part of your other paid duties for this person or organization? No

Speaking Limits: Public Hearing (Common Council) .....5 minutes
Information Hearing.....3 minutes
Other Items.....3 minutes

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Date: 7/24/12

METER 15, opt-out

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

#E

Agenda No. 27144

PLEASE PRINT CLEARLY

Name Carl Mumm
Address 1733 Sheridan Ave
Madison, WI 53704

Please check the appropriate boxes:

Support \* I support opt-out but no fees should be incurred to do it. Also, policy must be in place before the commencement of smart meter installation
Oppose
Neither Support Nor Oppose
and
Wish to speak
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," 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

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8:56

Date: July 24 '12

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u>15</u>
----------------------

PLEASE PRINT CLEARLY

Name Sue Pastor  
 Address 2502 Green Ridge Dr  
MADISON WI 53704

Please check the appropriate boxes:

- Support** *delay but stop*  
 **Oppose** *installation w/o details,*  
 **Neither Support Nor Oppose** *please.*

- and  **Wish to speak**  
 **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," 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:

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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

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Date: 7/24/2012

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u># 15</u> <u>Opt out</u>
--

PLEASE PRINT CLEARLY

Name Mary Pilling Engberts  
 Address 1910 Vilas Ave  
Madison WI 53711

Please check the appropriate boxes:

Support  
 **Oppose**  
 Neither Support Nor Oppose

and  Wish to speak  
 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," 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: public  
I am concerned about the lack of disclosure  
~~concern~~ about the installation of the Smart Meters  
both general concerns and benefits to the public

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

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Date: 7/28/12

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u>15</u>
----------------------

PLEASE PRINT CLEARLY

Name Jim Powell

Address 1311 Lake View Ave  
Madison WI 53714

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - 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," 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:

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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

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Date: 7/27/12

CITY OF MADISON

Registration Statement - Water Utility Board  
COMMITTEE

Please Print

Agenda No.	<u>15</u>	<del>Water</del>
	<u>opt out</u>	<del>Access</del>

PLEASE PRINT CLEARLY

Name Maria Powell | *m. west env. justice org*

Address 1311 Lake View Ave  
MADISON, WI

Please check the appropriate boxes:

- Support - *opt out*
- Oppose - *fees for opting out*
- Neither Support Nor Oppose

- and
- Wish to speak
  - 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," 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:

*→ Please stop installation until the opt-out policy is developed !!*  
*- address same as above* ] *This is wrong and will create major confusion + problems*

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

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Date: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board  
COMMITTEE

Please Print

Agenda No. opt - mt

PLEASE PRINT CLEARLY

Name Maria REIS  
Address 610 PICKFORD ST  
MADISON, WI 53711

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - 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," 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

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8:50:30

Date: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board COMMITTEE

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Agenda No. 15

PLEASE PRINT CLEARLY

Name Address Ms. Sandra J. Smith 84 Kessel Ct. #28 Madison, WI 53711-6247

Please check the appropriate boxes:

- Support Staff recommendation (checked)
Oppose
Neither Support Nor Oppose

- and Wish to speak (checked)
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 (checked)
(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:

Blank lines for name, address, and telephone number.

Are you being paid for your representation? Yes No (checked)

Are you appearing as part of your other paid duties for this person or organization? Yes No (checked)
(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

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Date: 7-24-2012

CITY OF MADISON

Registration Statement - Water Utility Board  
COMMITTEE

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Agenda No. 15

PLEASE PRINT CLEARLY

Name IRENE TEMPLE  
Address 5446 LAKE MENOTA DR.  
MADISON WI 53705

Please check the appropriate boxes.

Support  
 Oppose *(smart meters)*  
 Neither Support Nor Oppose  
*the item support approval*

and  Wish to speak  
 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," 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:  
we need get out policy as soon as possible

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)