

Date: MAR 12, 2014

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.



PLEASE PRINT CLEARLY

Agenda No. G 1

Name MICHAEL DONNELLY
Address E. JOHNSON ST.
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

Speaking Limits: Public Hearing..... 5 minutes
 Information Hearing..... 3 minutes
 Other Items..... 3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

IF UBER & LYFT ~~VEHICLES~~ ARE NOT REQUIRED TO OPERATE 24 HRS/DAY OVER THE WHOLE CITY, PROVIDING ACCESSIBLE VEHICLES THEN TRADITIONAL CAB COMPANIES COULD USE THE SAME LOOPHOLE TO EFFECTIVELY DENY SERVICE TO MADISON'S ~~POORER~~ POORER NEIGHBORHOODS.

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.)

(SEE BACK)