

Date: 5/9/12 ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. F-1.
OWL CREEK

Name Nyatana Badling
Address 5215 Bliss St.

Please check the appropriate boxes:

Support Bus service to owl creek ★
 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):

[Empty lines for comments]

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

[Empty lines for name, address, and telephone number]

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)

Date: 5/9/12

CITY OF MADISON

GARDUNO ✓

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Agenda No. <u>F.I.L.</u> <u>OWL CREEK</u>
--

★ Name Nancy Garduno

★ Address 5122 UNITY WAY
MADISON, WI 53718

Please check the appropriate boxes:

★ **Support** BUS SERVICE TO OWL CREEK

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):

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.)

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Agenda No. F-1.
OWL CREEK

Name Julie Maisee Voe
Address 22 KANAZAWA CIR

Please check the appropriate boxes:

Support bus service to owl creek and Wish to speak
 Oppose and Do not wish to speak
 Neither Support Nor Oppose 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):

[Empty box for comments]

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

[Empty lines for name, address, and telephone number]

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.)

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Agenda No. <u>F.I.</u> <u>OWL CREEK</u>
--

* Name Taylor Gleason

* Address 4213 Owl Creek Drive

Please check the appropriate boxes:

- * Support Bus service to Owl Creek * and Wish to speak
- Oppose Do not wish to speak
- * Neither Support Nor Oppose 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):

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.)

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Agenda No. F.I.
OWL CREEK

Name Kim Neuschel
Address 415 Ludington Ave
Madison, WI 53704

Please check the appropriate boxes:

Support Bus service to Owl Creek
 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):

[Empty box for comments]

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

[Empty lines for name, address, and telephone number]

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.)

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Date: 3/9/12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

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PLEASE PRINT CLEARLY

Agenda No. F.1
Owl Creek

Name MARY O'Connell
Address 616 CHATWOM TER
MADISON WI 53711

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

BUS SERVICE TO OWL CREEK

- 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):

[Empty box for comments]

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

[Empty lines for name, address, and telephone number]

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.)

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CITY OF MADISON

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PLEASE PRINT CLEARLY

Agenda No. F1

Name Jill Arquette LaFollette HS
Address 702 Pflaum Rd
Madison WI 53718

Please check the appropriate boxes:

- Support Bus service to Owl Creek and
- Oppose
- Neither Support Nor Oppose

- 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):

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

LaFollette HS Owl Creek, Twin Oaks, Liberty Place &
Lost Creek Student Group

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.)

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