

Date: 5/4/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration	Statement	Common C	ouncil		<u> </u>
Agenda No. 108	91 Sina Remot	PLEASE Name Address	EPRINT NA Brave	meclearly On Konke Hancole	1
Please check one:	2	AND	Plea	ise check:	·
Support		-		Wish to Speal	k
Oppose					
Neither Support Nor Oppose					
At this meeting are you re (If you answered "no," S of who you represent and Name, address and teleph	TOP; you need not go on to the next q	complete the rest uestion)	of this form.	If you answered "yes,	XNo " provide the name
Are you being paid for your representation?					☐ No
Are you appearing as part (If you answered "no," S question)					
In	ublic Hearing (Com formation Hearing ther Items	. januarist — maxima maxim	3 minutes		

(SEE BACK)