



Date: 4/19/11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 21

Name Naomi Lipke
Address 1417 Williamson St. #2
Madison, WI 53703

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____



Date: 7/19/11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 21

Name EDWARD KUJARSKI
Address 405 SIDNEY ST.
MADISON, WI 53703

Please check one:

AND

Please check:

Support

Wish to Speak

Oppose

- COMMUNITY GARDENS SHOULD BE STANDARD POLICY FOR CITY PROJECTS.

Neither Support Nor Oppose

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(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.)

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Date: 4-19-11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>21</u>

Name Joe Mathers

Address 2975 Rimrock
Fitchburg, WI 53713

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:

Community Action Coalition For S.C. WI, Inc
1717 N. Stouten Rd
Madison, WI 53704

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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Information Hearing 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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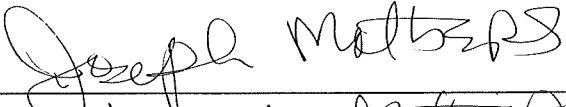
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Date 4-19-11

Signature 
Print Name Joseph Maltrabs



Date: 4-19-2011

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>21</u>

Name Susan Rosā

Address 3427 Viburnum Dr
53705

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:

Downtown Community Gardens Group

29 E. Wilson, Madison 53705

251-278

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
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____



Date: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 21

Name Jane Anne Morris
Address 29 E. Wilson
Madison 53703

Please check one:

AND

Please check:

Support

Wish to Speak

Oppose

Neither Support Nor Oppose

But Support Community Gardens Downtown

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:

Downtown Community Gardens Group

Are you being paid for your representation?

NO

Yes No

Are you appearing as part of your other paid duties for this person or organization?

(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Yes No

Speaking Limits: Public Hearing (Common Council) 5 minutes
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____



Date: _____

WISH TO SPEAK FORM

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Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 21

Name Danna Olsen

Address 126 E Wilson St Apt C
Madison, WI 53703

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:

Both speaking for myself & Anthony Mayer

LEEDAP, Green Roof Professional
on Board of Directors for Wisconsin Green Building Alliance
vice president

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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(SEE BACK)

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Signature _____

Print Name _____



Date: 4/19/11

WISH TO SPEAK FORM

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Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 21

Name Kevin Schiesser
Address 225 East Lakelawn Place
Madison, WI 53703

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Wish to Speak

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Date 4/19/11

Signature



Print Name

Kevin Schiesser



Date: 4-19-11

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 21

Name Alex Cramer

Address 311 N Franklin St Apt 1

Please check one:

AND

Please check:

Support

Do not wish to speak

Oppose

Neither Support Nor Oppose

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Signature _____

Print Name _____



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 2

Name David Williams
Address 404 S. Park St Apt 2
Madison WI 53715

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Do not wish to speak

At this meeting are you representing an organization or a person other than yourself: Yes No
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