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Date: April 8, 2008

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 13

Name Kate Arnold  
Address \_\_\_\_\_  
\_\_\_\_\_

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

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](http://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 \_\_\_\_\_

3

Date: April 8, 2008

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

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Agenda No. 13

Name Alan Turnquist  
Address \_\_\_\_\_  
\_\_\_\_\_

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- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
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Signature \_\_\_\_\_

Print Name \_\_\_\_\_

2

Date: April 8, 2008

**CITY OF MADISON**

**Registration Statement - Common Council**

COMMITTEE

Please Print

**PLEASE PRINT CLEARLY**

Agenda No. 13

Name Paul Dearlove  
Address \_\_\_\_\_  
\_\_\_\_\_

Please check the appropriate boxes:

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

- and
- Wish to speak**
  - Do not wish to speak**
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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

1

Date: April 8, 2008

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

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PLEASE PRINT CLEARLY

Agenda No. 13

Name Steve Arnold  
Address 2201 Commonwealth Ave  
Madison

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_