

COMMISSION / COMMITTEE REGISTRATION FORM

46801



COMMISSION/COMMITTEE

BPW

DATE 4-19-17

SUBJECT/ADDRESS/TOPIC

City view De

AGENDA ITEM NO.

46801

YOUR NAME

TRENT HOBAN

YOUR ADDRESS

Copart LEW RD.

Please check the appropriate boxes:

☐ SUPPORT

- ☐ Wish to speak (3 min. limit)
- ☐ Do not wish to speak
- ☐ Available to answer questions

☒ OPPOSE ?

- ☐ Wish to speak (3 min. limit)
- ☐ Do not wish to speak
- ☒ Available to answer questions

☐ NEITHER SUPPORT NOR OPPOSE

- ☐ Wish to speak (3 min. limit)
- ☐ 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," go on to the next questions on the back side of this form.

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

TRENT HOBAN 630-675-9707 1821 WILSON CT.

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 to both these questions, STOP. You need not complete the rest of this form.
If you answered YES, please continue.

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

☐ Yes ☒ No

If you answered YES, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?

☐ Yes ☒ No

☐ Yes ☐ No

☐ Yes ☐ No

If you answered NO to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.

Signature

Date

COMMISSION / COMMITTEE REGISTRATION FORM



COMMISSION/COMMITTEE	<u>Board of Public Works</u>	DATE	<u>4-19-17</u>
SUBJECT/ADDRESS/TOPIC	<u>6914 (6906) Colony drive</u>	AGENDA ITEM NO.	_____

YOUR NAME	<u>John Seett</u>	YOUR ADDRESS	<u>320 Pine Way</u> <u>Oregon, WI</u>
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Please check the appropriate boxes:

☒ SUPPORT ☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☒ Available to answer questions	☐ OPPOSE ☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions	☐ NEITHER SUPPORT NOR OPPOSE ☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions
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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," go on to the next questions on the back side of this form.