

Date: 11/16/15

CITY OF MADISON

Registration Statement - SUSTAINABLE MADISON COMMITTEE  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. \_\_\_\_\_

Name JOSEPH R KEYES  
Address 5117 REBECC ST  
MADISON, WI 53705

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:  
UNIVERSITY HILL FARMS AD HOC STEERING COMMITTEE

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)

Date: 11/16/15

CITY OF MADISON

Registration Statement - Sustainable Madison  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 2

Name Cindy State  
Address 5213 Shawano Terr  
Madison, WI 53705

Please check the appropriate boxes:

- Support *w/ Community Gardens Committee recommendation* and  Wish to speak
- Oppose  Do not wish to speak
- Neither Support Nor Oppose  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:  
Sheboygan Avenue Community Garden, Inc.

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

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Date: 11-16-2015

CITY OF MADISON

Registration Statement - Sustainable Madison  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 2

Name Patricia Soderholm  
Address 5015 Shelbogan Ave #302  
Madison, WI 53705

Please check the appropriate boxes:

- Support Community Gardens Com and  Wish to speak
- Oppose Community Gardens  Do not wish to speak
- Neither Support Nor Oppose Recommendations  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:  
Shelbogan Avenue Community Garden

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

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Date: 11/16/2015

CITY OF MADISON

Registration Statement - SUSTAINABLE MADISON COMM  
COMMITTEE

Please Print

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Agenda No. 2 HILL FARMS PLAN

Name N/AN FEY  
Address 444 W. WILSON ST  
MADISON WI 53703

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:  
CITY OF MADISON COMMUNITY GARDENS COMMITTEE  
Co-Chair

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)