	CITY OF MADISON
Registration Statement -	COMMON COUNCIL
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Please Print (\(\(\L\)\)	
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	Name ROSENARY (D) Address (1) WWILSON
Agenda No. /O	Address (11 W WILSON
	MADISON 5303
Please check the appropriate boxes:	
Support	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 (PNo (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	n person or organization you are representing:
	일본 하는 사람들은 화장 보고 있는 것이 얼마를 가는 것이 없었다.
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<u> </u>	
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization? Yes No complete the rest of this form If you answered "yes," go on to the next
	mon Council) 5 minutes 3 minutes