Date: 3/7/06

Registration Statement	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. #7	Name <u>ARNESTINE MOSS</u> Address <u>2101 Post Rd</u> #106 Fitch Lung. WI 53713
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppo	and Wish to speak  Do not wish to speak  Available to answer questions
At this meeting are you representing an or (If you answered "no," <b>STOP</b> ; you need to of who you represent and go on to the next	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name t question)
Name, address and telephone number of e	each person or organization you are representing:
Are you being paid for your representation	n?
Are you appearing as part of your other pa (If you answered "no," STOP; you need question)	aid duties for this person or organization?  Yes No not complete the rest of this form If you answered "yes," go on to the next
Information Heari	ommon Council) 5 minutes ng 3 minutes 3 minutes

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are b that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information)
Date	Signature
	소리는 아이트 사람들은 경우 보면 <mark>되고 있다. 사고</mark> 그 문서 보면 보면 보면 보면 보면 보면 보면 가게 되었다. 그 사람들은 사람들은 다른 보다 보다

Date: 3/7/06

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Vicky Selkowe
Agenda No.	Name /ICKY Selkowe Address 296/ Union St
0 2320	madison, WI 53704
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions  e
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organization you are representing:
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  t complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are I that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date	Signature
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	CITY OF MADISON		
Registration Statement	COMMON COUNCIL COMMITTEE		
Please Print © 2320  Agenda No. 1  Niped (2	PLEASE PRINT CLEARLY  Name Marsha Rummel  Address (339 Ruffedge#2  Madison W 53703		
Please check the appropriate boxes:	NVAISON VII > 1 P)		
<ul> <li>☐ Support</li> <li>☑ Oppose</li> <li>☐ Neither Support Nor Oppose</li> </ul>	Oppose  Do not wish to speak  Available to ensure questions		
	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name sestion)		
Name, address and telephone number of each  Marquette Neymhorl			
Are you being paid for your representation?	☐ Yes   No		
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not a 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		

Date: 3-7-06

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)	
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)	
Date	Signature	
	Print Name	

Date:	3-	7 -	06	
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Registration Statement	Common Council COMMITTEE
Please Print 0 2320	PLEASE PRINT CLEARLY
Agenda No.	Name Marky ANG-CIM  Address 2134 E Washington Av  Madison Wi 53104
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next qu	
Name, address and telephone number of each	i person or organization you are representing.
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
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?  Yes No
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign f you answered "no" to the question, go on to the next question.)
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Date	Signature
	보는 사람들은 사람들은 사람들이 되었다. ### ### ############################

Date: 3/7/06

Registration Statement -	COMMON COUNCIL
Please Print 02220	
02320	PLEASE PRINT CLEARLY
	Name Lisa Subcck
Agenda No.	Address 8185. Common Rol. #4
	Madison, WI S3 719
	$\frac{1}{\sqrt{2}}$
Please check the appropriate boxes:	마이 아들 마음 보는 것이 한다는 것을 하는 것을 하는 것이다. 한 보는 것이 한 분들은 것은 것이다. 일본 분들은 것들은 사람이 가장 하는 것이 없는 분들이 하는 것이라는 것이 되는 것은 것이다.
Support	and Wish to speak  Do not wish to speak
Oppose Neither Support Nor Oppos	Available to answer questions
Neither Support Not Oppos	
At this meeting are you representing an orga	anization or a person other than yourself: Yes No
	t complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next of	fuestion.)
Name, address and telephone number of each	ch person or organization you are representing:
	는 사람들이 많은 사람들이 생각하는 것이 되었다. 그 사람들이 되는 것이 되었다. 그는 것이 되었다. 그는 것이 되었다. 그런 것이 되었다. 
Are you being paid for your representation?	☐ Yes ☐ No
	하루 가는 얼마를 하게 되면 하게 되었다. 보는 하를 본 이 그는 후,
Are you appearing as part of your other paid	duties for this person or organization? Yes No No to complete the rest of this form. If you answered "yes," go on to the next
question)	i complete the rest of this form if you unswered yes, go on to the next
	nmon Council) 5 minutes
Other Items	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)	
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Date	Signature	
	$\mathbf{P}_{\mathbf{r}}$	

Date: MAVACH 7 2006

#### CITY OF MADISON

Registration Statement -	COMMON COUNCIL COMMITTEE		
Please Print 0 23 20	PLEASE PRINT CLEARLY		
	Name Steve ROFFLER		
Agenda No. <u>7</u>	Address AIII VEITH AVE		
	MADISON, WI 53704		
Please check the appropriate boxes:			
Support	and Wish to speak		
<b>✓</b> Oppose	<ul><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>		
<b>☐</b> Neither Support Nor Oppos	♥ 되는 것이 되었다. 그는 것이 되었다. 그런 그는 것은 것이 되었다. 그는 것은 것이 되었다. 그런 것이 되었다. 그런 것이 되었다. 그는 것이 없는 것이 되었다. 그는 것이 없는 것이 없다. 그런 것이 없는 것이었다. 그런 것이 없는 것이 없는 것이 없는 것이 없는 것이었다면 없는 것이 없는 것이었다면 없었다면 없었다면 없었다면 없었다면 없었다면 없었다면 없었다면 없		
	nization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the name		
of who you represent and go on to the next q			
Name, address and telephone number of eac	h person or organization you are representing:		
Are you being paid for your representation?	Harris III (1995)		
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need no question)	duties for this person or organization? Yes No t complete the rest of this form If you answered "yes," go on to the next		
Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes			
We should not repeal Madison's IZ			

IZ provides a level playing field between developers who see development as a way to improve our communities and those developers who see our neighborhoods as profit centers in which development should be driven only by the maximization of their profits while externalizing the resulting long-term damage.

The IZ equity clause authored by Alder Sanborn should be fixed

Are you an e other governi	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
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	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 2/7/06

Registration Statement	Common Council COMMITTEE
Please Print 02320	PLEASE PRINT CLEARLY
Agenda No.	Name Harry Richardson  Address 18 Sherman Tev. No. 4  Madison
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 organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next q	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; 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

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No	
, -	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)	
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Date	Signature	
	Print Name	

그리는 물로 가는 사람들이 모르는 물로 모든데.	Date:
	CITY OF MADISON
Registration Statement	Common Council
Please Print 02320	PLEASE PRINT CLEARLY
	Name Jean Mac Cubbin Address 3530 Hayhar Coast
Agenda No.	Address 3530 Hather Cost No
	MINDISON POOR
Please check the appropriate boxes:	4
Support	and Wish to speak
Oppose C (N)	Do not wish to speak Available to answer questions
<b>☐</b> Neither Support Nor Oppose	
At this meeting are you representing an organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next q	complete the rest of this form. If you answered "yes," provide the name
	그 마루가 들어가 그러는 게임이 면어도 잘 되고 말을 보았다.
Name, address and telephone number of each	h person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need not question)	duties for this person or organization?  Yes No to complete the rest of this form. If you answered "yes," go on to the next
-	mon Council) 5 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No	
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)	
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Date	Signature	
	The late of the second of the	

	CITY OF MADISON
Registration Statement -	Common Council
Please Print	
11 02320	PLEASE PRINT CLEARLY
	Name Ocean Longros
Agenda No.	Address 2724 Milwan Ke
	[370Y
Please check the appropriate boxes:  Support Oppose to the ta- to Neither Support Nor Oppose  At this meeting are you representing an organical support of who you represent and go on to the next of the support of the	anization or a person other than yourself: Yes Do  to complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	ch person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid	d duties for this person or organization?  Yes No

Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes

question)

Speaking Limits:

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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Date	Signature
	그는 말이라고 있는 동안에 트리를 가 <mark>셨다 </mark>

Date: 3/11/06

Registration Statement -	Common Council
	는 <b>'COMMITTEE</b> '' 그리는 것은 사람들이 되는 것이 되는 것이 되는 것이 되는 것이 같습니다. 그리는 것이 없는 것이 없는 것이 없는 것이 없는 것이다. 그런 것이 없는 것이 없는 것이 없는 것이다. 그런 것이 되는 것이 되는 것이다. 그런 것이 되는 것이 되는 것이 되었습니다. 그런 것이 되는 것이 되는 것이 되었습니다. 그런 것이
Please Print 0 2320	PLEASE PRINT CLEARLY
	Name MARIANNE MORTON
Agenda No.	Address 6/0 SCHILLER CT.
	1110 15012 4115310
Please check the appropriate boxes:	
Support Oppose repeal of cur Neither Support Nor Oppo	and Wish to speak  nent/Z ordinance Do not wish to speak  Available to answer questions
At this meeting are you representing an orgalist (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of ea	ich person or organization you are representing:
Challeton a	When the performent has
1501	1.1. Minutes Sunt
	Williams Trees
Nade	m W/53703
	?   Yes □ No
Are you being paid for your representation	
Are you appearing as part of your other part (If you answered "no," STOP; you need no question.)	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearin	mmon Council) 5 minutes g 3 minutes 3 minutes

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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Date <u>3/</u>	17/06 Signature Marianne Morta
	Print Name MARIANUE MORTON

Date: 3 7/16

Registration Statement -	Common Council
	역. <b>COMMITTEE</b> , 등 등이 기본을 보고 있는 것이 되었다. 이 등을 하고 있는 것이 되었다. 이 경기에 되었다. 기본 기본 등 기본
Please Print 02320	PLEASE PRINT CLEARLY
	Name Im Radelat
Agenda No.	Address 36 Follor G
	madison, w 53704
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	
	nization or a person other than yourself:  Yes No complete the rest of this form. If you answered "yes," provide the name uestion)
Name, address and telephone number of each	h person or organization you are representing:
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  t complete the rest of this form If you answered "yes," go on to the next
1 0	nmon Council) 5 minutes 3 minutes

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Date	Signature
	Print Name

Date:  $\frac{3}{7/66}$ 

Registration Statement	Common Council
	다. COMMITTEE 기본 사람들은 소리를 받는데 하는 것으로 보고 하는 것으로 보고 있다. 기술에 모르는 수 있다. 사람들은 사람들은 사람들은 사람들은 사람들이 가는 것이 되었습니다. 그 사람들이 하는데 하는데 되었습니다.
Please Print 0 Z 3 Z 0	PLEASE PRINT CLEARLY
	Name Over Rosenberg
Agenda No.	Name Org Rosenberg Address 3146 Buena Vista St
	madison, w= 53704
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	<ul><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Neither Support Nor Oppose	9 - 그리스 (1885) 전환 기업을 가는 사람들은 경우를 받았다는 것이 되었다. 그는 사람들이 되었다는 것이 되었다. 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -
At this meeting are you representing an organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next q	nization or a person other than yourself: Yes No complete the rest of this form If you answered "yes," provide the name uestion)
Name, address and telephone number of each	h person or organization you are representing:
Are you being paid for your representation?	☐ Yes \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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 to complete the rest of this form. If you answered "yes," go on to the next
	nmon Council)5 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
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, –	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 3/7/6 6

Registration Statement	COMMITTEE
Please Print 02320	PLEASE PRINT CLEARLY
#7-(1-7)	Name Shelley Fite Address 1126 Jenifer St. #1
Agenda No. #7 € (1 Z)	Address 1126 Jeniter St. #1
	Madison, WI 53703
Please check the appropriate boxes:	
Support Oppose	and Wish to speak Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
	zation or a person other than yourself: Yes No
of who you represent and go on to the next que	omplete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each p	person or organization you are representing:
Are you being paid for your representation?	Yes I No
Are you appearing as part of your other paid do	uties for this person or organization?  Yes No
(If you answered "no," STOP; you need not c	omplete the rest of this form. If you answered "yes," go on to the next
question)	
Speaking Limits: Public Hearing (Comm	on Council) 5 minutes
Information Hearing	3 minutes
Other Items	3 minutes

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date:	3	1710	26	

Registration Statement -	COMMON COUNCIL COMMITTEE	
Please Print 02320	PLEASE PRINT CLEARLY	
Agenda No. 7-(12)	Name Andrew Hinkel  Address 1176 Jenifer St. #1  Madison, 53703	
Please check the appropriate boxes:		
Support and ☐ Wish to speak  Oppose ☐ 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	n person or organization you are representing:	
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	

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?	
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)	
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised	
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk	
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?	
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	

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	CITY OF MADISON
Registration Statement	- COMMON COUNCIL COMMITTEE
Please Print 02320	PLEASE PRINT CLEARLY
Agenda No.	Name ROSEMARY LET Address III W WILSON # 108 MARISON WIL
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppo	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an or (If you answered "no," <b>STOP</b> ; you need to of who you represent and go on to the nex	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name t question)
Name, address and telephone number of e	ach person or organization you are representing:
Are you being paid for your representation	ı? Yes 🗌 No
Are you appearing as part of your other pa (If you answered "no," STOP; you need a question)	id duties for this person or organization?  Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	ommon Council) 5 minutes  3 minutes  3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)	
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised	
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?	
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fthe City-County Building, Madison, for more information)	
Date	Signature	
	Print Name	

Date: 2-7-06

Registration Statement -	Common Council
Please Print	
02320	PLEASE PRINT CLEARLY
	Name RUSE // NOVAIV
Agenda No.	Address 48175 he brycan Ave 508
	Address 15 1 1 Can DE DO 10
	Wiagis MVV 12110-2911
Please check the appropriate boxes:	
rease cheek the appropriate outes.	
<b>⊠</b> Support	and Wish to speak
<b>Oppose</b>	Do not wish to speak  Available to answer questions
Neither Support Nor Oppos	e i i i i i i i i i i i i i i i i i i i
At this meeting are you representing an orga	nization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not	t complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next q	uestion.)
Name address and telephone number of eac	h person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you being paid for your representations.	
Are you appearing as part of your other paid	I duties for this person or organization? Yes No
(If you answered "no," <b>STOP</b> ; you need no question)	t complete the rest of this form. If you answered "yes," go on to the next
question)	
	nmon Council) 5 minutes
	3 minutes minutes
Other Items	mana arang manananananananana Jamuuco (m. 1920). Mananananananananananananananananananan

. •	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?  Yes No
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question)
If you are l that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date	Signature
	Print Name