

SIGNALS

Date: 10/27/15

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

Agenda No. 4055

PLEASE PRINT CLEARLY

Name E. M. SHIELDS
Address OAK VILLAGE - PRAIRIE RIDGE

Please check the appropriate boxes:

- Support (checked)
Oppose
Neither Support Nor Oppose

- Wish to speak (checked)
Do not wish to speak
Available to answer questions

Speaking Limits: Public Hearing... 5 minutes
Information Hearing... 3 minutes
Other Items... 3 minutes (checked)

At this meeting are you representing an organization or a person other than yourself: Yes (checked) No

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

BRIEF COMMENTS

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

OAKWOOD VILLAGE PRAIRIE RIDGE

Are you being paid for your representation? Yes No (checked)

Are you appearing as part of your other paid duties for this person or organization? Yes No (checked)

(SEE BACK)

SIGNALS

Date: \_\_\_\_\_

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

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PLEASE PRINT CLEARLY

Agenda No. F 340565

Name Rev. Dr. Jack A. Geistlinger
Address Taneho DR
Madison WI 53718

Please check the appropriate boxes:

- Support (checked)
Oppose
Neither Support Nor Oppose

- Wish to speak (checked)
Do not wish to speak
Available to answer questions

Speaking Limits: Public Hearing..... 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes (checked) No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Empty box for comments related to the item on the agenda.

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

Oakwood Village Prairie Ridge
5565 Taneho DR
Madison, WI 53718

Are you being paid for your representation? Yes No (checked)

Are you appearing as part of your other paid duties for this person or organization? Yes No (checked)

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 10-27-15

CITY OF MADISON

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PLEASE PRINT CLEARLY

Agenda No. F3

Name ANNA IRONSIDE  
Address 3509 CONCORD AVENUE  
MADISON, WI 53714

Please check the appropriate boxes:

*Concord & Mayfair Rd*

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

*Concord & Mayfair - Stop Sign*

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

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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.)

(SEE BACK)