X

Date: 06/28/16

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY
	Name Mark Shahan
Agenda No.	Address 607 Piper Drive Madrices 53711-1330
Please check the appropriate boxes:	1 (2007)
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
Information Hearing	5 minutes g3 minutes
COMMENTS RELATED TO THE ITE	of complete the rest of this form. If you answered "yes," provide the name of the next question.) MONTHE AGENDA (optional): Juggry pure for colored of TO Johnson 85 Loggry pure for colored of To Johnson 85 Loggry pure for colored of the pure (ord.) onide. Add sign on ban Ishing
	ach person or organization you are representing:
Are you being paid for your representation 're you appearing as part of your other paid you answered "no," STOP; you need no	

Are you an el other government	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?			
100	ered "yes" to the question, STOP. 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 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:	6/28	/201b

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

		PLEASE PRINT			
		Name	J.R. L.	oon	
Agenda No	F	Address	1134	SPAILH	55
				SON	
Please check the appr	ropriate boxes:	*******			
Support Oppose Neither Su	ipport Nor Oppose	and	Wish to specific Do not wish Available to	eak h to speak o answer questio	ns
Speaking Limits:	Public HearingInformation Hearing	3 min	utes		
At this meeting are you find an answered "no of whom you represent	ou representing an organiza o, "STOP; you need not con nt below, and go on to the n	tion or a person oth nplete the rest of thi next question.)	er than yourself: is form. If you ans	Yes Yes	No ovide the name
COMMENTS REL	ATED TO THE ITEM O	N THE AGENDA (optional):		
POTENTIAL PROJECT: REMOVE ORTON PARK DIAGONAL SIDEWALK - MULTIPLE HAZARDS					
Name, address and te	elephone number of each pe	rson or organization	you are represen	ting:	
Are you being paid for	or your representation?			☐ Yes [☐ No
	s part of your other paid dut o," STOP ; you need not con			Yes [swered "yes," go	No on to the next

Are you an eleother government	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, STOP. 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.)
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Date	Signature
	Print Name

Date:	 	

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

		PLEASE PRINT	CLEARLY		
Agenda No		Name MA Address 3	RGARITA 5126 CLOV MADISON I	NORTHROP 15 DRIVE WI 53704	
Please check the appr	ropriate boxes:		,		
Support Oppose Neither Su	ipport Nor Oppose	and	Wish to speak Do not wish to Available to an	speak swer questions	
Speaking Limits:	Public HearingInformation HearingOther Items	3 minu	ites		
If you answered "no of whom you represe	ou representing an organization of," STOP; you need not complete of the state of the next	ete the rest of this t question.)	form. If you answer		name
Name, address and to	elephone number of each perso	-	you are representing	;	
re you appearing as	for your representation? s part of your other paid duties o, "STOP; you need not complete.	for this person or lete the rest of this	organization? s form. If you answe	☐ Yes ☐ No ☐ Yes ☐ No red "yes," go on to the	next

(SEE BACK)

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or enental body?
100	red "yes" to the question, STOP. 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.)
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Date	Signature
	Print Name

Date: 6/28/2016

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
	Name NANCY ROGGE Address 204 Buell St MANGEN WI S3704
Agenda NoF	Address 204 Rivell St
	MADGEN WI 53704
Please check the appro	
Support	and Wish to speak Do not wish to speak
Oppose Neither Su	pport Nor Oppose Available to answer questions
	Public Hearing5 minutes
F	Information Hearing
If you answered "no, of whom you represen	u representing an organization or a person other than yourself: Yes No "STOP; you need not complete the rest of this form. If you answered "yes," provide the name to below, and go on to the next question.) TED TO THE ITEM ON THE AGENDA (optional):
Name, address and tel	ephone number of each person or organization you are representing:
Are you being paid for	r your representation?
	part of your other paid duties for this person or organization? Yes No "STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

(SEE BACK)

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	red "yes" to the question, STOP. 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.)
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date	Signature

Date:	0/28/16	

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

		PLEASE PRINT	CLEARLY		
Agenda No	1	Name Address	TOM DE 29 S.SHO MADISON,	CHANT ME DR. WE 53715	
Please check the appropriate a	priate boxes:		Í		
Support Oppose Neither Sup	port Nor Oppose	and	Wish to speak Do not wish t Available to a	o speak answer questions	
	Public Hearing	3 minu	ites		
If you answered "no," of whom you represent	representing an organization of the second o	lete the rest of this t question.)	form. If you answe		e name
WISH TO SA	ENERGY GENT	G FOR G		ACCESS TO	
Name, address and tele	phone number of each perso	on or organization	you are representing	ıg:	
Are you being paid for	your representation?			Yes No	
	art of your other paid duties 'STOP; you need not comp			Yes No ered "yes," go on to t	he next

•	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?					
	(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)					
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Date	Signature Print Name					

Date: 6/28/16

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

	You must register befor	the Commission considers your item.	
bike ihm	astructure ideas	PLEASE PRINT CLEARLY	
Agenda No	1.	Name Timothy Olsen Address 1331 E Johnson	5+
Please check the appro	opriate boxes:	Madison, WI	378
Support Oppose Neither Su	pport Nor Oppose	and Wish to speak Do not wish to speak Available to answer question	ns
Speaking Limits:	Public Hearing Information Hearing Other Items	3 minutes	
If you answered "no, of whom you represen		ete the rest of this form. If you answered "yes," pro question.)	No ovide the name
Name, address and tel	ephone number of each perso	n or organization you are representing:	
Are you being paid fo	r your representation?	Yes [] No
		for this person or organization? Yes [lete the rest of this form. If you answered "yes," go	No on to the next

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?								
	(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)							
If you are beithat:	ng paid for your represe	entation, or if yo	our appearance is part	of other paid	duties, pl	lease be advised		
1.	Before you engage in lowith the City Clerk.	obbying as a lol	obyist, you or your prin	ncipal must fil	e an autho	orization		
2.	Your principal is not p City Clerk.	ermitted to auth	norize you to lobby un	less you are r	egistered	with the		
3.	If your principal spends period (half year), the remainder of the calend	principal must		•	•			
	the City Clerk's websi he City-County Building,			x.html or go	to the C	lerk's Office at		
Room 103 of the	<i>f</i> / .	Madison, for many Signature Print Name	fore information)	o thy	015	en		

(Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality other governmental body?			
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you methis form. If you answered "no" to the question, go on to the next question.)				
	If you are beithat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)		
(Date	Signature		
		Print Name		

Date: 428/16

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY
Agenda No	Name Brian Falkowski Address 2428 Commercial fre Malison, WI
Please check the appr	ropriate boxes:
Support Oppose Neither Su	and Wish to speak Do not wish to speak Available to answer questions
• •	Public Hearing
(If you answered "no	ou representing an organization or a person other than yourself: Yes Who," STOP; you need not complete the rest of this form. If you answered "yes," provide the nament below, and go on to the next question.)
- Rethink	ATED TO THE ITEM ON THE AGENDA (optional): He corner of First St & Johnson on East Sole in Demetral Field over bike Path
Name, address and te	elephone number of each person or organization you are representing: .
Are you being paid for	or your representation?
	s part of your other paid duties for this person or organization? Yes And You on the next of this form. If you answered "yes," go on to the next of the next of this form.

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

Date: June 28 2010

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY
Agenda No. F.Z	Name Steve PEARSON Address 9 PEARER WOOD Ct MADISON 53704
Agenda No.	Address HADISON 53704
Please check the appro	priate boxes:
Support Oppose Neither Sup	and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits:	Public Hearing
(If you answered "no,	u representing an organization or a person other than yourself: Yes No "STOP; you need not complete the rest of this form. If you answered "yes," provide the name to below, and go on to the next question.)
NEO IMPROVE	TED TO THE ITEM ON THE AGENDA (optional):
- TRAFFIC - North	JHAMES - ESTATOR NEED BIKE LANES
Name, address and tel	ephone number of each person or organization you are representing:
Are you being paid for Are you appearing as a (If you answered "no, question.)	your representation? Yes No part of your other paid duties for this person or organization? Yes No "STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	ered "yes" to the question, STOP. 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 be that:	sing paid for your representation, or if your appearance is part of other paid duties, please be advised				
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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: 6/28/16

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

		PLEASE PRIN	T CLEARLY		
Agenda No. <u></u>	ring on budget	Name	Su Parter 2502 gree	r Pidge	pr
Please check the appro	opriate boxes:				
Support Oppose Neither Su	pport Nor Oppose	and and	Wish to speak Do not wish t Available to a		ıs
Speaking Limits:	Public Hearing Information Hearing Other Items	3 mi	nutes		
(If you answered "no,	ou representing an organizatio "STOP; you need not complet to below, and go on to the next	lete the rest of th			No pvide the name
COMMENTS RELA	ATED TO THE ITEM ON T	THE AGENDA	(optional):		
Name, address and tel	lephone number of each perso	on or organizatio	on you are representir	ig:	
Are you being paid for	r your representation?			☐ Yes ☐	
	part of your other paid duties	for this person	or organization?		No •
	"STOP; you need not comp				

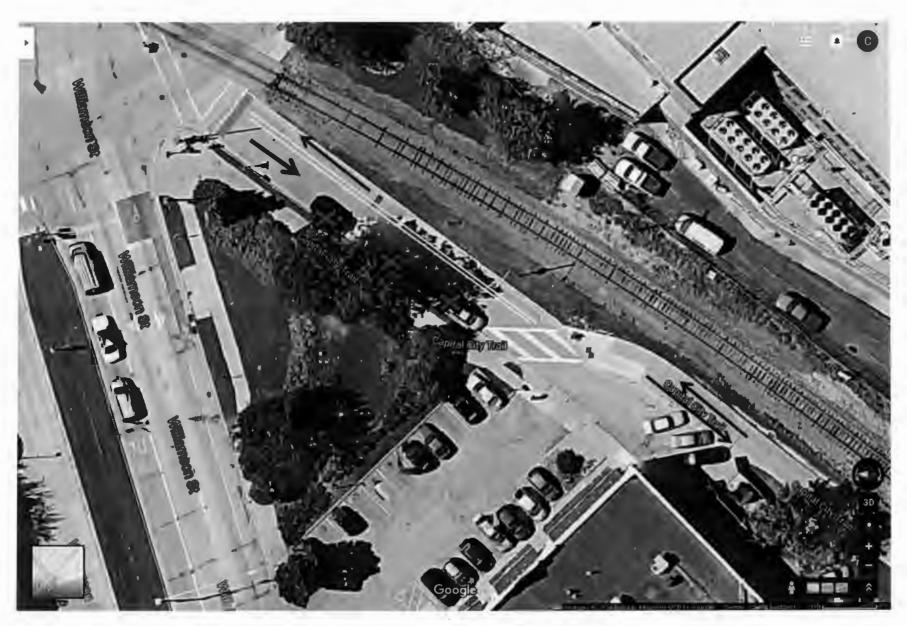
Date: 6/28/2016

CITY OF MADISON

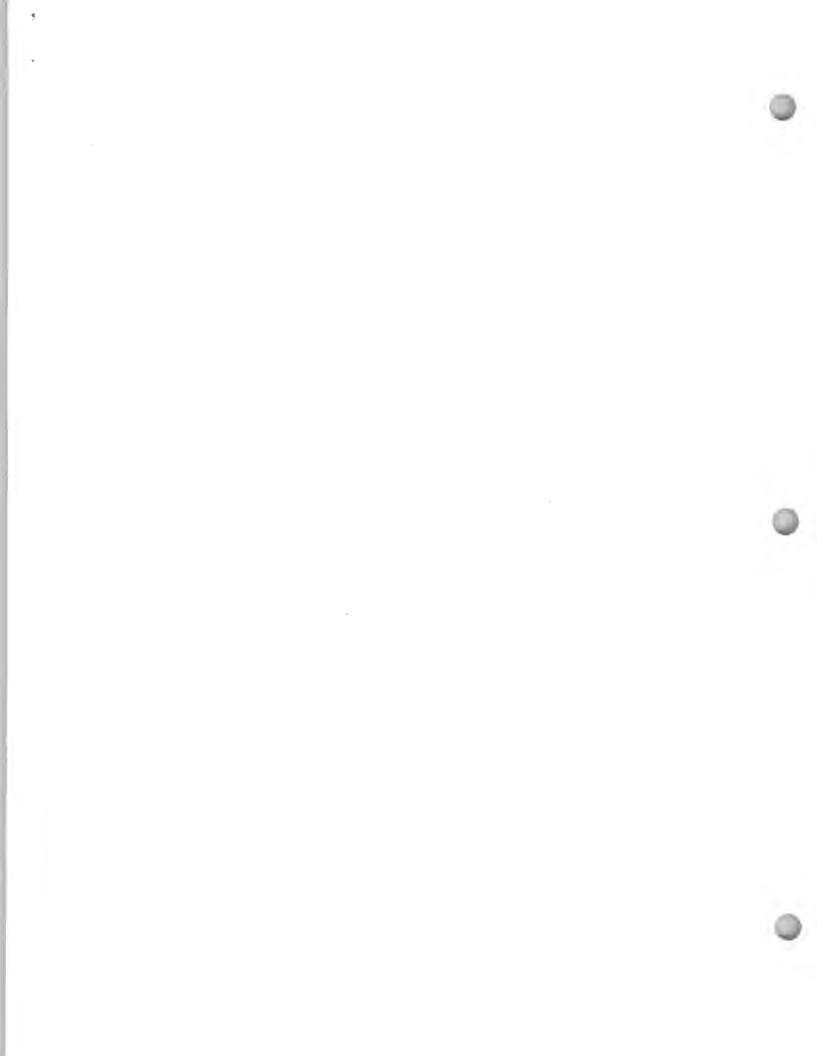
Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY
Agenda No	Name Muck Strandsor Address 1801 Helena St Madson WI S3704
Please check the appro	priate boxes:
Support Oppose Neither Sup	and Wish to speak Do not wish to speak Available to answer questions
^L Speaking Limits:	Public Hearing
If you answered "no,	u representing an organization or a person other than yourself: Yes No "STOP; you need not complete the rest of this form. If you answered "yes," provide the name to below, and go on to the next question.)
SUSSES	TED TO THE ITEM ON THE AGENDA (optional):
Name, address and tele	ephone number of each person or organization you are representing:
	r your representation? Yes No part of your other paid duties for this person or organization? Yes No "STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?				
	ed "yes" to the question, STOP. 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.)				
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•	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				



Proposed Improvements to Capital City Bike Path at approach to Blair St/Williamson St/John Nolen Blvd 06/28/2016





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)
				3



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*	

Date: 6/28/16

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY
Agenda No.	Name MITTERFERMANTER PREFERMANTER Address 4028 UNDER DAHL RJ. MADISON 53718
Please check the appro	priate boxes:
Support Oppose Neither Sup	and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits:	Public Hearing
If you answered "no," of whom you represent	representing an organization or a person other than yourself: 'STOP; you need not complete the rest of this form. If you answered "yes," provide the name below, and go on to the next question.) TED TO THE ITEM ON THE AGENDA (optional): SMASTMALL
Name, address and tele	ephone number of each person or organization you are representing:
	your representation? Yes No eart of your other paid duties for this person or organization? Yes No eart of you need not complete the rest of this form. If you answered "yes," go on to the next

Are you an elected official or employee who is appearing solely on behalf of your office	e or for you	municipality	or 🤊
other governmental body?	Yes	No	

(If you answered "yes" to the question, **STOP.** You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date

Signature

Print Name

Date: 06/28/2016

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY
	Name James Burnham
Agenda No.	Address 207 N. Dickiuson St.
	Madison Wi.
Please check the appropriate boxes:	
☐ Support☐ Oppose☐ Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits: Public Hearing Information Hearing Other Items	3 minutes
	tion or a person other than yourself: Yes No nplete the rest of this form. If you answered "yes," provide the name ext question.)
COMMENTS RELATED TO THE ITEM ON	
E. Johnson St. Bike Lan	
Bike path crossing at	t M. Washington.
Bill path crossing at	roudt.t
Name, address and telephone number of each per	rson or organization you are representing:
Are you being paid for your representation? Are you appearing as part of your other paid duti (If you answered "no," STOP; you need not conquestion.)	Yes No les for this person or organization? Yes No inplete the rest of this form. If you answered "yes," go on to the next

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	red "yes" to the question, STOP. 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.)	
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	

Date: 23 Thue Zolp

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY
Agenda No	Name Surame Peyer Address 817 W. Lake Side St. Madison, wt 53775
Please check the appropriate	boxes:
Support Oppose Neither Suppor	and Wish to speak Do not wish to speak Available to answer questions
Infor	ic Hearing
If you answered "no," STO	esenting an organization or a person other than yourself: Yes No OP; you need not complete the rest of this form. If you answered "yes," provide the name w, and go on to the next question.)
Pleuse Work Valuilles, the Overpusses are Pleuse Work enforce Safe	nard to Not integrate wikes of en generally do not "get along," effect (es over Park St) for bikes of reds, with the Madison Police Department to ety for all users of the road. Other es, Why can't ours? Rules only mean.
Name, address and telephon	e number of each person or organization you are representing:
	representation?

	REGISTRATION STATEMENT - PAGE 2
Are you an e	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, STOP. 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 28	Ne 276 Signature Shre Pryn Print Name Suzanno Peyer
Consider to enco driving. earn f Help & we ca	thing when they are enforced. People and to find they can pay for an enforcer. Working w. In neighboring a towns/Conties wage b, king (Commuting or towning) instead soft Park a car fride would be nice for commuting in the Netherlands. What long, healthy loves. Chack them out in.
	· ·

Date:				

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

	PLEASE PRINT CLEARLY			
	Name Nick Davies			
Agenda No.	Address 344 W Dayton St			
Please check the appro	priate boxes:			
Support Oppose Noither Sur	and Wish to speak Do not wish to speak Available to answer questions			
_	Public Hearing			
[If you answered "no,	u representing an organization or a person other than yourself: Yes No "STOP; you need not complete the rest of this form. If you answered "yes," provide the name t below, and go on to the next question.)			
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional): South Park Street between Drakeund Fish Hatchery "allegally" has a bike lane that is frequented by cars at high speal. Can it be raised / Livided from treffie?				
	up with the E. Mifflin and the Yahara trail?			
Name, address and telephone number of each person or organization you are representing: Notation of each person or organization you are representing:				
	ryour representation?			

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality of other governmental body?				
1 0 0	red "yes" to the question, STOP. 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.)			
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Date	Signature			
	Print Name			

Date: Q8JUNE 16

CITY OF MADISON

Registration Statement - Pedestrian/Bicycle/Motor Vehicle Commission

PLEASE PRINT CLEARLY
Name BILL LAVELETE Agenda No Address 3/37 S. Superior ST. MILWAUKEE 53207 Please check the appropriate boxes: EMAIG — LAVE BILL PYAHOGILD
Please check the appropriate boxes: $EMAIG - LAVEBILLEYAHOGIED$
Support Oppose Neither Support Nor Oppose and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits: Public Hearing
At this meeting are you representing an organization or a person other than yourself: 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.) THE RAPIAL BUDGET COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional): THE FEDERAL
GOVERNMENT OFFERS A COMMUTER BENEFITS PROGRAM THRU THE IRS IN THE SECTION ON FRINGE BENEFITS THAT APPEARS TO BE UNDER- UTILIZED NATIONWIDE, IT PROVIDES FOR A VERY SMALL SUBSIDY FOR BICYCLE COMMUTERS AS WELL A- AVERY GENEROUS SUBSIDY FOR BUS, TRAIN AND
Name, address and telephone number of each person or organization you are representing:
FERRY COMMUTERS, MORE INFORMATION IS AT WWW, COMMUTER BENEFITS WORKFORUS. COM,
PARITY FOR BIKE COMMUTERS IS AN ISSUE THAT
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
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(SEE BACK) 05/16/16-F:\Tncommon\COMMITTE\PBMVC\Registration Form 6.30.06 per APM.doc THIS PROPERTY OF MADISON THIS PROPERTY THIS PROPERTY
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Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	red "yes" to the question, STOP. 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 bei that:	ng 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?
,	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date	Signature
	Print Name