

4:58

(A) RE: AGENDA ITEM 14.

Date: _____

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

(14)

Agenda No. <u>private wells</u> <u>public comment</u>
--

PLEASE PRINT CLEARLY

Name Michael Bergmann

Address 302 Troy Dr.

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:

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)

8:05 :37

Date: _____

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u>26629</u> <u>(9)</u>

PLEASE PRINT CLEARLY

Name Michael Bergmann

Address 302 Troy Dr.

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:

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: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. 15

PLEASE PRINT CLEARLY

Name Rachel Durfee
Address 848 Woodrow St.
Madison WI 53711

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:

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)

4:47:30

Date: 7/24

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. 14

PLEASE PRINT CLEARLY

Name Jan Eckhardt
Address 20 Egleston Dr Oak
john@eckhardt.net

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:
Wish to speak after staff update

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: 7-24-2012

7:55

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u>8</u>

PLEASE PRINT CLEARLY

Name Anneliese Emerson
 Address 5137 Whitcomb Dr
Madison, WI

Please check the appropriate boxes:

- Support
 Oppose *do language?*
 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:

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)

9:05:35

Date: 7.24.2012

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u>15</u>

PLEASE PRINT CLEARLY

Name Anneliese Emerson

Address 5137 Whitcomb Dr
Madison WI 53711

Please check the appropriate boxes:

- Support
- Oppose - *language?*
- 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:

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)

8:58

Please let him know his written statement was read

Date: 7-24-12

CITY OF MADISON

Registration Statement - Water Utility Board COMMITTEE

Please Print

Agenda No. 'opt-out'

PLEASE PRINT CLEARLY

Name Tom ESSEN
Address 4610 YAMLET PL
MADISON, WI 53714

Please check the appropriate boxes:

- Support
Oppose
Neither Support Nor Oppose

- 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

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

[Empty lines for name, address, and telephone number]

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

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

(SEE BACK)

Date: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. 15

PLEASE PRINT CLEARLY

Name Pacia J. Harper
Address 528 Troy Dr.
Madison 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

Please see comments on back.

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:

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 Hearing3 minutes
Other Items3 minutes

(SEE BACK)

92015

Date: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. 15

PLEASE PRINT CLEARLY

Name JILLIAN HUSSEY
Address 6409 BRIDGE ROAD, #102
MADISON, WI 53715

Please check the appropriate boxes:

- Support
- Oppose *Smart Meters / Support off-out* and *Support deferral*
- Neither Support Nor Oppose

- 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:

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)

90704

Date: 7/24/10

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u>Opt-out</u>

PLEASE PRINT CLEARLY

Name Larry Kaufman
 Address 3730 Hammersley Ave

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:

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: 7.24-12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. #8

PLEASE PRINT CLEARLY

Name Dolores Kester
Address 1818 Winchester St
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

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:

Referral of the "access ordinance"
is good!
It has many problematic provisions

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)

9/16/20

Date: 7-24-12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. #15

PLEASE PRINT CLEARLY

Name Dolores Keston
Address 1818 Winchester St
Madison WI
53704

Please check the appropriate boxes:

- Support
- Oppose *delay*
- 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:
MWU should not be delaying
with an opt-out policy.

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: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u>8</u>

PLEASE PRINT CLEARLY

Name Thomas Korloosky

Address 1139 Pacific Ave
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:

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)

8:51:20
8 54 20

Date: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. 15

PLEASE PRINT CLEARLY

Name Thomas Kozlousky
Address 1139 Paalire Ave
MADISON

Please check the appropriate boxes:

- Support Delay - STOP Installation
- 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:

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: 7-24-12

7:51

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u>8</u>

PLEASE PRINT CLEARLY

Name Dorothy Kroeber
 Address 5150 Whitcomb Dr.
Madison, WI 53711

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:

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: _____

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. 15

PLEASE PRINT CLEARLY

Name Dorothy Kroeber
Address 5150 Whitcomb Dr.
Madison, WI 53711

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:

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)

4:52

Date: 7/23/12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

<p><i>private well</i></p> <p>Agenda No. <u>14</u></p> <p><i>abandonment project</i></p>
--

PLEASE PRINT CLEARLY

Name Tom Link

Address 1111 Willow

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:

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)

11 WISH TO SPEAK

8:47 13
8:50

Date: July 24th, 2013

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. 15

PLEASE PRINT CLEARLY

Name Kirsten Lombard
Address 210 N. Paterson St. #2
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:

There should be no further delay on the development of a
solid opt-out. The opt-out currently proposed is problematic
in more than one respect. There are other far better options
being proposed by citizens. The water utility

Are you being paid for your representation? Yes No

board should be working with those citizens
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: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

S

Agenda No. 26301

PLEASE PRINT CLEARLY

Name Kristine Mattis
Address 1733 Sheridan Dr.
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

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:

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)

METER 15. opt-out

Date: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print



Agenda No. 27144

PLEASE PRINT CLEARLY

Name Kristina Mattie
Address 1733 Sheridan Dr.
Madison, WI 53704

Please check the appropriate boxes:

- Support but no fees should be incurred to do so and the policy should be in place BEFORE the commencement of smart meter installation
Oppose
Neither Support Nor Oppose
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: No of smart meter installation

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

Are you being paid for your representation? No

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

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

(SEE BACK)

Date: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

8

Agenda No. 26301

PLEASE PRINT CLEARLY

Name Carl Mumm
Address 1233 Sheridan Dr.
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

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:

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)

19

Date: 7/24/12

METER 15, opt-out

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

#E

Agenda No. 27144

PLEASE PRINT CLEARLY

Name Carl Mumm
Address 1733 Sheridan Ave
Madison, WI 53704

Please check the appropriate boxes:

Support * I support opt-out but no fees should be incurred to do it. Also, policy must be in place before the commencement of smart meter installation
Oppose
Neither Support Nor Oppose
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:

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)

7:47:15
7:50:15

Date: July 24 '12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. 8

PLEASE PRINT CLEARLY

Name Sue Pastor
Address 2502 Green Ridge Dr
MADISON WI 53704

Please check the appropriate boxes:

- Support stop installation
- Oppose pending completion of ordinance
- 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:

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)

8:56

Date: July 24 '12

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u>15</u>

PLEASE PRINT CLEARLY

Name Sue Pastor
 Address 2502 Green Ridge Dr
MADISON WI 53704

Please check the appropriate boxes:

- Support** *delay but stop*
 Oppose *installation w/o details,*
 Neither Support Nor Oppose *please.*

- 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:

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: 7/24/2012

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. # 15
Opt out

PLEASE PRINT CLEARLY

Name Mary Pilling Engberts
Address 1910 Vilas Ave
Madison WI 53711

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: public
I am concerned about the lack of disclosure
concern about the installation of the Smart Meters
both general concerns and benefits to the public

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: 7/25/12

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u>8</u> <u>Meter access</u>
--

PLEASE PRINT CLEARLY

Name Jim Powell

Address (31) Lakeview Ave
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

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:

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: 7/28/52

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u>15</u>

PLEASE PRINT CLEARLY

Name Jim Powell

Address 1311 Lake View Ave
Madison WI 53714

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:

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: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u>8</u>	<u>Meter Access</u>
---------------------	---------------------

PLEASE PRINT CLEARLY

Name Maria Powell | Midwest Environmental Justice Org

Address 1311 Lake View Ave
MADISON WI 53701

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:

Please stop installation of meters until ^{SCSS} policy is
in place!! This is wrong + will create major
address same as above confusion + problems.

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: 7/27/12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No.	<u>15</u>	Water
	<u>opt out</u>	Access

PLEASE PRINT CLEARLY

Name Maria Powell | *m. west env. justice org*

Address 1311 Lake View Ave
MADISON, WI

Please check the appropriate boxes:

- Support - *opt out*
- Oppose - *fees for opting out*
- 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:

→ Please stop installation until the opt-out policy is developed !!
- address same as above] *This is wrong and will create major confusion + problems*

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: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. opt - mt

PLEASE PRINT CLEARLY

Name Maria REIS
Address 610 PICKFORD ST
MADISON, WI 53711

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:

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)

453

Date: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. 14

PLEASE PRINT CLEARLY

Name KIM DORRY SANTIAGO
Address 6901 OLD SAUK CT
MADISON, WI 53717

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:

- 1. SAME AS ABOVE
- 2. SPOUSE - JOSE MADORA - SAME CONTACT INFORMATION

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)

10 8. METER - BARBENA ACCESS

Date: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board COMMITTEE

Please Print

Agenda No. 8

PLEASE PRINT CLEARLY

Name

Address



Please check the appropriate boxes:

- Support staff recommends referral for 6 months and Do not wish to speak

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

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

Are you being paid for your representation? No

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

Speaking Limits: Public Hearing (Common Council)5 minutes

(SEE BACK)

8:50:30

Date: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board COMMITTEE

Please Print

Agenda No. 15

PLEASE PRINT CLEARLY

Name Address Ms. Sandra J. Smith 84 Kessel Ct. #28 Madison, WI 53711-6247

Please check the appropriate boxes:

- Support Staff recommendation (checked)
Oppose
Neither Support Nor Oppose

- and Wish to speak (checked)
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 (checked)
(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:

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.)

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

(SEE BACK)

Date: 7-24-2012

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. 15

PLEASE PRINT CLEARLY

Name IRENE TEMPLE
Address 5446 LAKE MENOTA DR.
MADISON WI 53705

Please check the appropriate boxes.

Support
 Oppose *(smart meters)*
 Neither Support Nor Oppose
the term support approval

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:
we need get out policy as soon as possible

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)

9 24 12

Date: July 24th, 2012

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. 16

PLEASE PRINT CLEARLY

Name Kirsten Lombard
Address 210 N. Paterson St. #2
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:

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)