

Date: 11/24/15

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Cindy Statz  
Address Shawano Terr  
Madison WI 53905

Agenda No. E1 39335

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.....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):

Sheboygan Ave Community Garden

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.)

(SEE BACK)

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

**CITY OF MADISON**

**Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission**

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PLEASE PRINT CLEARLY

Name JIM BAUMANN  
Address FAIRWAY DR  
MADISON

Agenda No. E1

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..... 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):**

SUPPORTIVE OF AMENDMENT TO PLAN REGARDING SHERBOYGAN  
AVENUE COMMUNITY GARDEN RELOCATION-

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

SHERBOYGAN AVE. COMMUNITY GARDEN

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)

Date: 11/24/2015

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

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PLEASE PRINT CLEARLY

Agenda No. E-1.

Name NAN FEY  
Address W. WILSON ST  
MADISON 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

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):

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

COMMUNITY GARDENS COMM. CO-CHAIR

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)