

Date: _____

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>94</u> <u>10204</u>

Name FAE Dremock

Address 1211 Rutledge #4
MADISON, WI

Please check the appropriate box:

Please check the appropriate box:

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

Date _____

Signature _____

Print Name _____

CITY OF MADISON

~~Early Public Comment Registration Statement - Common Council~~

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>94</u> <u>10204</u>

Name Ted Voth, Jr

Address 1146 Williams

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose**
- Neither Support Nor Oppose

AND

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

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CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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Agenda No. <u>94</u>
<u>10204</u>

PLEASE PRINT NAME CLEARLY

Name David Waugh

Address 1213 East Mifflin
Madison, WI 53703

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

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

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Signature _____

Print Name _____

Date: 7/1/08

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 94
10204

Name Steve McClure
Address 437 W Johnson St
Madison WI

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

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

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Date _____

Signature _____

Print Name _____

Date: July 1, 2008

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>94</u>
<u>10204</u>

Name Susan De Vos

Address 610 N. Midvale Blvd
Madison, WI 53705

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose *bus wraps*
- 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.)

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Signature _____

Print Name _____

Date: July 1, 2008

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>94</u>
<u>10204</u>

Name Laurie Wermter
 Address 847 Williamson St., Apt. Nine
Madison, WI 53703

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose *bus wraps*
- Neither Support Nor Oppose

AND

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

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Date _____

Signature _____

Print Name _____

Date: 7-1-08

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name ROSEMARY LEE

Address 111 W WILSON ST

MADISON 53703

Agenda No. 94-Bus Wrap
10204

Please check the appropriate box:

Please check the appropriate box:

- 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
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Signature _____

Print Name _____

Date: 7-1-08

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 94
10204

Name Lydia MAWER
Address 1973 Shelley Lane

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

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

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Date 7-1-08

Signature Lydia Maurer
Print Name LYDIA MAURER

Date: 7-1-08

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 94
10204

Name Chuck Litweiler
Address 5 Lakken Ct.
MADISON

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

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

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CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

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PLEASE PRINT NAME CLEARLY

Agenda No. 94
10204

Name EARNESTINE MOSS
Address 1729 Browning Rd
MADISON, WI 53704

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

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

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

I do not like the Wraps, but since they are to be limited to no more than 20 buses and it will help to afford more transportation throughout Madison, I support this item. However I believe Madison Metro should look for other funds

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 transportation
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