



Date: 10/30/12

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 12

Name Joe Alexander  
Address 38 S. Henry St.  
Madison, WI 53703

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to Speak

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:

The Alexander Company 145 E. Badger Rd #200 Madison

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)

REGISTRATION STATEMENT - PAGE 2

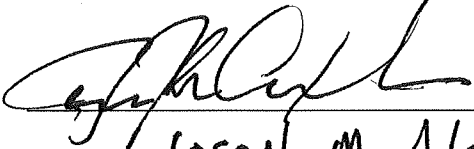
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

*(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.)*

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Date 10/30/12 Signature   
Print Name Joseph M. Alexander



Date: 10-30-12

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

27  
12

PLEASE PRINT NAME CLEARLY

Name

Tony Michels

Address

309 W Washington Ave, #206  
Madison

Agenda No.

37951 #9  
~~27651~~

306 W. Main St.

Please check one:

AND

Please check:

Support

Wish to Speak

Oppose

Neither Support Nor Oppose

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:

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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.)

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REGISTRATION STATEMENT - PAGE 2


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Date 10-30-12 Signature   
Print Name Tony Michels



Date: 10/30/12

# WISH TO SPEAK FORM

CITY OF MADISON

*(Handwritten signature: JEREMY FROMMELT)*

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 12

Name JEREMY FROMMELT  
Address 901 DEMING WAY  
MADISON, WI 53717

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to Speak

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:

ALEXANDER COMPANY

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  
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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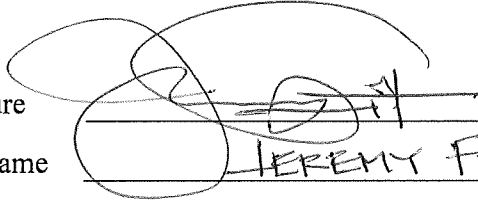
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Date 10.30.12

Signature

Print Name

  
\_\_\_\_\_  
JEREMY FROMMET



Date: 10/30/12

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 12

Name Bill White  
Address 1835 Winnebago St #212

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to Speak

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:

Alexander Co.  
258-5580

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  
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Other Items.....3 minutes

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REGISTRATION STATEMENT - PAGE 2

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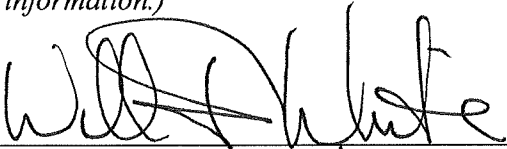
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Date 10/30/12

Signature   
Print Name Wm F White





Date: 10/30/12

# AVAILABLE TO ANSWER QUESTIONS FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Agenda No. 12

PLEASE PRINT CLEARLY

Name Adam Winkler  
Address 5209 Brookside Drive, Apt. 108  
Madison, WI 53718

Please check one:

**AND**

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- 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:

The Alexander Company, Inc (608) 258-5580  
145 E. Badger Rd., Suite 200  
Madison, WI 53713

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.)*

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REGISTRATION STATEMENT - PAGE 2

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Date 10/30/12

Signature   
Print Name Adam J. Winkler



Date: 10/30/2012

# WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 12

Name Jonathan Cooper  
Address 208 S Henry St.  
Madison WI 53703

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to Speak

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:  
Bassett District, Capitol Neighborhoods, Inc.

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.)

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REGISTRATION STATEMENT - PAGE 2

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Date 10/30/2012

Signature   
Print Name Jonathan D. Cooper



Date: 10-30-12

# DO NOT WISH TO SPEAK FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

Agenda No. 12

PLEASE PRINT NAME CLEARLY

Name ROSEMARY LEE  
Address 11 W WILSON #108  
53707

Please check one:

**AND**

Please check:

Support

Oppose

Neither Support Nor Oppose

Do not wish to speak

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_