

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

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>163-164</u>
<u>09947, 09953</u>

Name STU Leichten

Address 4187 Cherokee Dr  
MSN 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:

CDA

215 MLK Blvd

MSN WI

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)