

Date: 7/1/19

CITY OF MADISON

Registration Statement – TRANSPORTATION POLICY & PLANNING BOARD

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. F.3

Name Ann Kouch
Address 2605 Golden Gate Way
Madison WI 53713

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):

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)

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

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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.)

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Signature _____

Print Name _____

Date: 7/1/2019

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Name Jim Wilson
Address 5510 Pheasant Hill Rd
Manassas, VA

Agenda No. F.3

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
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Other Items.....3 minutes

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Agenda No. F3

Name Elizabeth Jesse

Address 5126 South Hill Dr.
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

Speaking Limits: Public Hearing.....5 minutes
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Other Items.....3 minutes

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Name Ben Sandee
Address 5126 S. Hill Dr

Agenda No. F3

Please check the appropriate boxes:

☒ **Support**
☐ **Oppose**
☐ **Neither Support Nor Oppose**

and ☒ **Wish to speak**
☐ **Do not wish to speak**
☐ **Available to answer questions**

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Are you being paid for your representation? ☐ Yes ☒ No

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Print Name _____

Date: July 1, 2019

CITY OF MADISON

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PLEASE PRINT CLEARLY

Name

R. Bjelde

Address

1511 SPAIGHT ST
MADISON, WI 53703

Agenda No. F.3

Please check the appropriate boxes:

- ☐ **Support**
☐ **Oppose**
☐ **Neither Support Nor Oppose**

and

- ☒ **Wish to speak**
☐ **Do not wish to speak**
☐ **Available to answer questions**

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COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

In regards to the near \$8,000.00 assessment etc w/ Wilson St and Broom St Madison, WI 53703

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

SUPRA

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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Date July 1, 2019

Signature

Print Name

R. Bjelde

Date: July 1, 2013

CITY OF MADISON

Registration Statement – TRANSPORTATION POLICY & PLANNING BOARD

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PLEASE PRINT CLEARLY

Name GRACE HASLER
Address 350 S HAMILTON ST
53703

Agenda No. F3

Please check the appropriate boxes:

- ☐ Support
☐ Oppose
☐ Neither Support Nor Oppose

- and ☒ Wish to speak
☐ Do not wish to speak
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Speaking Limits: Public Hearing.....5 minutes
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Date July 1 2019

Signature

Grace B Hasler

Print Name

Grace B HASLER

Date: _____

CITY OF MADISON

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PLEASE PRINT CLEARLY

Name Peter Taylor

Address 718 W. Broadway

Agenda No. F3

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- ☐ Support
☐ Oppose
☒ Neither Support Nor Oppose

- and ☒ Wish to speak
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