



Date: 2/5/13

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 39

Name

KEITH VALIQUETTE

Address

3402 SUNBROOK RD
MADISON, WI 53704

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:

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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Print Name _____



Date: 2/5/13

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CITY OF MADISON

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PLEASE PRINT NAME CLEARLY

Agenda No. 39

Name Ronald Kamin
Address Homeless
Token Creek

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Wish to Speak

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Print Name _____



Date: 1/5/2013

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 39

Name BENJAMIN PIERCE
Address 556 STATE STREET #10
MADISON, WI, 53703

Please check one:

AND

Please check:

Support

Wish to Speak

Oppose

~~Neither Support Nor Oppose~~ **REPEATING ALLAN BARKOFF RE: FUNDS FOR THE HOMELESS**

At this meeting are you representing an organization or a person other than yourself? Yes No
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Signature _____

Print Name _____



Date: 2/5/13

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CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

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Agenda No. 39

Name Allen Berkoff
Address 2930 Barlow St,
Madison WI

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Wish to Speak

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Date 2/5/13

Signature Allen Barkoff
Print Name Allen Barkoff



Date: 2/5/2013

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 39

PLEASE PRINT NAME CLEARLY

Name Meg Rothstein
Address 1607 Pondview Ct.

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Wish to Speak

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Signature _____

Print Name _____



Date: 7-5-13

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 39

Name Trina Clemente
Address 857 S. Shore Dr.
Madison 53715

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Wish to Speak

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Name EDWARD KWARSKI
Address 405 SIDNEY ST.
MADISON, WI 53703

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Wish to Speak

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Print Name _____



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PLEASE PRINT NAME CLEARLY

Agenda No. 39 39

Name Gina Bealhe
Address 3041 Webb Ave #4
Madison WI 53704

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Wish to Speak

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