

#5

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON

Registration Statement

BOARD OF PUBLIC WORKS

Name Albert BRYAN  
Address 430 2 HILLCREST DR

DATE \_\_\_\_\_  
ITEM NO. 5 ON AGENDA

- Support
- Oppose
- See Written comments for the record

- 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 - you need not complete the remainder of this form.

If you answered Yes to above question please complete:

Name, Address and phone number of each person or organization you are presenting today:

\_\_\_\_\_

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 YES - continue - on other side please.....

PLEASE SEE OTHER SIDE