Date:	2	/2,	[1	0	•	÷,
					 	_

Registration Statement	Common Council
Please Print 16882	COMMITTEE  PLEASE PRINT CLEARLY
	Name Joe Korb
Agenda No.	Name Joe Korb  Address 626 Langdon 5+ #108
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 organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organization you are representing:
Are you being paid for your representation?	☐ Yes   No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization?   Yes   No  complete the rest of this form If you answered "yes," go on to the next
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

Date: 2/2/09

Registration Statement	Common Council
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name MARKENE KORB Address 505 N. CARROLL ST
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions
of who you represent and go on to the next q	complete the rest of this form If you answered "yes," provide the name
Are you being paid for your representation?	☐ Yes   No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council)5 minutes 3 minutes 3 minutes

# CITY OF MADISON

Registrati	on Statement	Common C	ouncil		
Please Print		COMMITTEE  PLEASE I	PRINT CLEARLY		
Agenda No. 169	382	Name Address		Y TEME WAR RIVE WA, WI	ŽD.
Please check the appro	opriate boxes:				
Support Oppose Neither Su	pport Nor Oppose		Do no	to speak t wish to speak able to answer ques	tions
(If you answered "no,	ou representing an organ " STOP; you need not c and go on to the next qu	complete the rest	on other than yours of this form. If you	self: Yes u answered "yes,"	☐ No provide the name
Name, address and tel	ephone number of each	person or organi	zation you are rep	resenting:	
Are you being paid fo	r your representation?			[XYes	No
	part of your other paid d "STOP; you need not o				No go on to the next
Speaking Limits:	Public Hearing (Comn Information Hearing Other Items		3 minutes		

Date: 2-2-10

Registration Statement	Common Council
Please Print	
	PLEASE PRINT CLEARLY
#7	Name tatrick Corcorous
Agenda No. 10 XX	Address 3718 Country Grove Dr
	Mad son, W1 53719
Please check the appropriate boxes:	
<b>∑</b> Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppose	Available to allswel questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que Name, address and telephone number of each	complete the rest of this form. If you answered "yes," provide the name uestion)
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need not question.)	duties for this person or organization?  Yes No complete the rest of this form. If you answered "yes," go on to the next
	mon Council) 5 minutes
<del>-</del>	3 minutes

Date: 2 2 16

## CITY OF MADISON

Registration Statement - Common Council

Please Print	PLEASE PRINT CLEARLY
Agenda No. 7	Name Bill White Address Address Address Madisan
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and
At this meeting are you representing an organiza (If you answered "no," STOP; you need not con of who you represent and go on to the next quest.  Name, address and telephone number of each pe	mplete the rest of this form. If you answered "yes," provide the name tion)
	africk Goccopan
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid dut (If you answered "no," STOP; you need not co question)	ties for this person or organization? Yes Yoo mplete the rest of this form. If you answered "yes," go on to the nex
Speaking Limits: Public Hearing (Commo Information Hearing Other Items.	

Date: 2/2/09

Registration Statement	Common Council
Please Print  Agenda No.	PLEASE PRINT CLEARLY  Name Jim Korb  Address 505 N Carroll St
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 organ (If you answered "no," STOP; you need not of who you represent and go on to the next que Name, address and telephone number of each	
question)  Speaking Limits: Public Hearing (Communication Hearing)	Yes No  Inductive the rest of this form If you answered "yes," go on to the next  The mon Council of this form If you answered "yes," go on to the next  The mon Council of this form If you answered "yes," go on to the next  The mon Council of this form If you answered "yes," go on to the next  The mon Council of this form If you answered "yes," go on to the next  The mon Council of this form If you answered "yes," go on to the next  The mon Council of this form If you answered "yes," go on to the next  The mon Council of this form If you answered "yes," go on to the next  The mon Council of this form If you answered "yes," go on to the next  The mon Council of this form If you answered "yes," go on to the next  The mon Council of this form If you answered "yes," go on to the next  The mon Council of this form If you answered "yes," go on to the next  The mon Council of this form If you answered "yes," go on to the next  The mon Council of this form If you answered "yes," go on to the next  The mon Council of this form If you answered "yes," go on to the next  The mon Council of this form If you answered "yes," go on to the next  The mon Council of this form If you answered "yes," go on to the next of the next o

	Date: 2 2 10
	CITY OF MADISON
Registration Statement	Common Council
<u>Please Print</u>	PLEASE PRINT CLEARLY
Agenda No. 16882	Name CARY BRINK  Address 840  EXCELSION PR  MADISON WI
	MADISON, WI
Please check the appropriate boxes:	
<ul><li>✓ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	and Wish to speak  Do not wish to speak  Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organization you are representing:
LAUDGRAF GUSTI	ruction
Are you being paid for your representation?	<b>∠</b> Yes □ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next

Public Hearing (Common Council)......5 minutes

question)

Speaking Limits:

Date: 2210

Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
11 000 #7	Name SH Wicox
Agenda No. <u>686</u>	Address 8401 EXCESSED TO
	MADISON W
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppose	
	complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next q	uestion)
Name, address and telephone number of each	n person or organization you are representing:
LANDGERF CONFOTRIC	CEIK
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization?  Yes No complete the rest of this form. If you answered "yes," go on to the next
question)	
	mon Council) 5 minutes 3 minutes
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Date: 2/2/10

Registration Statement	Common Council
	로 COMMITTEE 그 경우를 가장하는 것으로 하는 사람들이 되었습니다. 사용자 사용자들은 보다 하는 사용자들은 사용자를 하는 것으로 가장하는 것으로 가장하는 것으로 하는 것을 보고 있다.
Please Print	
	PLEASE PRINT CLEARLY
	Name MARK Landgert
Agenda No. 14 882	Address 5964 Executive DR
	Name MARK LANDGERF Address 5964 Executive DR Malison, wx 53719
Please check the appropriate boxes:	
	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	e Available to answer questions
At this meeting are you representing an organ	nization 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 q	uestion)
Name, address and telephone number of each	n person or organization you are representing:
4 - 1 - 1 - 1 - 2	TYES NO
Are you being paid for your representation?	Yes   No
Are you appearing as part of your other paid	
(If you answered "no," <b>STOP</b> ; you need not question)	t complete the rest of this form. If you answered "yes," go on to the next
흥리는 하는 이 이렇게 하는 것은 것이다.	
	mon Council) 5 minutes 3 minutes
	3 minutes