

Date: 5-16-06

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

03495

PRINT NAME CLEARLY

Agenda No. <u>54</u>

Name Helen Dietzler
 Address 1610 Western Ave.
Madison, WI 53711

Please check the appropriate boxes:



Support

- Wish to speak
- Do not wish to speak
- Available to answer questions



Oppose

- 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," 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
(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 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

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PRINT NAME CLEARLY

Agenda No. <u>54</u>

Name Maribeth Witzel-Behl
 Address 5206 Esker Drive
Madison

Please check the appropriate boxes:

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- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
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PRINT NAME CLEARLY

Agenda No. <u>54</u>

Name Debra Schmidt
 Address 2690 Research Park Dr. #216
Fitchburg WI 53711

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
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 Information Hearing..... 5 minutes
 Other Items..... 3 minutes

(See Back)