



## AVAILABLE TO ANSWER QUESTIONS FORM

## **CITY OF MADISON**

Registration Statement	- Common Committee	ouncil		
	PLEASE	PRINT CLEARLY		
1 2	Name	John Welch		
Agenda No. <u>Co</u> L	- Address	2018 Mica Rd		
	_	Madison WI 53719		
Please check one:	AND	Please check:		
<b>Support</b>		Available to answer		
Oppose		questions		
Neither Support Nor Oppose				
At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the new Name, address and telephone number of Soli	not complete the rest of xt question.)  each person or organiz	of this form. If you answered "yes," provide the name		
	Center Way			
$\mathcal{L}_{\mathcal{L}}$	7/3 608			
Are you being paid for your representation	on?	Yes \square No		
Are you appearing as part of your other p (If you answered "no," STOP; you need question)	paid duties for this pers	on or organization? Yes No No of this form. If you answered "yes," go on to the next		
Information Hear	Common Council) 5 ing	minutes		

Date:		



## AVAILABLE TO ANSWER QUESTIONS FORM

## **CITY OF MADISON**

Registration Statement	- Common Council COMMITTEE		
Agenda No. 62	PLEASE PRINT CLEARLY  Name MICHAEL DIMAGGIO  Address 40 Icainois AUS		
Please check one:	AND Please check:		
Support Oppose	<b>Available to answer</b> questions		
Neither Support Nor Oppose			
	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name at question.)		
	each person or organization you are representing:		
7102 HWY 1	CIC QURKS 2 × 18		
Are you being paid for your representation  Are you appearing as part of your other p	on? Yes No  aid duties for this person or organization? Yes No		
	not complete the rest of this form. If you answered "yes," go on to the next		
Information Hear	Common Council) 5 minutes ing 3 minutes 3 minutes		