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** ITEM NO. 44101 ON AGENDA M Support [] Oppose [2] Wish to Speak [] See Written comments for the record [] Do Not Wish to Speak 1 Available to Questions At this meeting are you representing an organization or a person other than yourself: []Yes M 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 F:\USERS\Enjap\Forms\bpw RESGISTRATION FORM.DOC 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 Souce Terr ITEM NO. ON AGENDA [] Support [] Oppose Wish to Speak [] See Written comments for the record [] Do Not Wish to Speak [ ] Available to Questions Answer 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.  $\underline{\text{lf you}}$  answered  $\underline{\text{Yes}}$  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?

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 1 10 1011 1 Love 15	DATE _9/24//6
Address 305 5. Collavstav 1/2	ITEM NO. 44/0/ ON AGENDA
Madisn-NE 53/05	
[] Support () Oppose	Wish to Speak
[] See Written comments for the record	[] Do Not Wish to Speak
Questions	[ ] Available to Answer
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.	
<u>If you answered Yes</u> to above question please complete:	
Name, Address and phone number of each person or organization you are presenting to	oday:
Are you being Paid for your representation?	[] yes [] No
Are you appearing as part of your other paid duties for this person or organiza	tion?
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If you answered YES – continue – on other side pleasePLEASE SEE OTHER SIDE	
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Complete this form if you wish to speak before the Board. If you wish to submit vinto the minutes record, please complete and give to the Secretary.  CITY OF MADISON	written comments and have them entered
Registration Statement	BOARD OF PUBLIC WORKS
Name Ray Polkinghorn	9/7///
Address & 424 Offshore DV.	DATE ON ACCURA
Madison, W. 53705	ITEM NO ON AGENDA
[] Support [] Oppose	()/Wish to Speak
[] See Written comments for the record	[] Do Not Wish to Speak
Questions	[ ] Available to Answer
At this meeting are you representing an organization or a person other than yourself:	[]Yes M
If you answered No – you need not complete the remainder of this form.	1,700 %
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 organiz	
If you answered YES – continue – on other side please	[] Yes [] No

PLEASE SEE OTHER SIDE

Name of Traffic Signal Assessment District  Traffic Signal Assessment District.	Mineral Point Road - Yellowstone Road	
Your Name Carmen C	lark	
Your Address 325 So 4	1/our tone Dr #333	
☐ Support and wish to speak	Support but do not wish to speak	
☐ Oppose and wish to speak	□ Oppose and do not wish to speak	
Your signatu Parcel Numb	47000111	
I only wish the tray	fix signal could be	
installed somer, Shis	is a dangerous corners	
cars turning left an	cross Mineral Pt or crossing.	
Complete this form if you wish to speak before the Board.	If you wish to submit written comments and have them entered	
Registration Statement CITY O	DF MADISON BOARD OF PUBLIC WORKS	
Name <u>Fue</u> tine		
10/ / 15	, , , , , , , , , , , , , , , , , , ,	
Address 106 Shiloh Dr.		
[] Support (Oppose) [] See Written comments for the record	DATE 09/21/2016 ITEM NOON AGENDA  [] Wish to Speak	
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