

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 Simon Wikstrand
Address 7226 Branford Lane
Madison, WI 53717

DATE 10-7-15
ITEM NO. 6 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

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 Sue Reindollar
Address 3624 Gregory St.
Madison 53711

DATE 10/7/15
ITEM NO. 6 ON AGENDA
40058

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