

Date: 22 Nov 2011

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. E 1

Name LEANNE LEONARD  
Address 6029 Sharpsburg Drive  
Madison, WI, 53718

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

Speaking Limits: Public Hearing..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items..... 3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Concerns over volume of traffic increase, pollution to neighborhood

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

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Date 22 NOV 2011

Signature



Print Name

LEANNE LEONARD

Date: 22 Nov 2011

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. E1

Name Pete Leonard  
Address 6029 Sharpsburg Dr.  
Madison WI 53718

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

Speaking Limits: Public Hearing..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items..... 3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

We have concerns over the amount of traffic rezoning of the area near Sharpsburg/Cottage Grove Road will create. Should zoning occur which will allow for a big box style operation to development, if we express over pedestrian/bicycle safety as well as pollution to our neighborhood

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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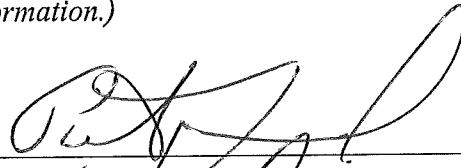
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Date 22 NOV 2011

Signature



Print Name

Pete Leavelle

Date: 11/22/2011

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

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PLEASE PRINT CLEARLY

Agenda No. E 1

Name Armando Hernandez

Address 637 Copernicus Way  
Madison, WI 53718

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

It is critical for the safety of ~~the~~ bicyclists and pedestrians  
for them to be a study.

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 11/22/11

Signature   
Print Name Armando Hernandez

Date: 1/22-11

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. E1

Name Nicole Jenkef  
Address 617 North Star Drive  
Madison, WI 53718

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

Speaking Limits: Public Hearing..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items..... 3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

No Direct Bus Service  
Grocery Store should be on the corner of Sprecher / Milwaukee St

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: 11/22/2011

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 21

Name Heather McFadden  
Address 617 North Star Drive  
Madison, WI 53718

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

Speaking Limits: Public Hearing.....5 minutes  
Information Hearing.....3 minutes  
Other Items.....3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

No direct bus service to area  
Heavy walking bicyc community  
Metro place on speaker of walkway is  
already zoned commercial

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

*(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 11/22/11

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Sarah Herwig

Address 809 Callisto Drive  
Madison WI 53718

Agenda No. E1

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):


Name, address and telephone number of each person or organization you are representing:

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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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 11/22/2014

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. E1

Name PETER ANDERSON  
Address 809 Callisto Dr  
MADISON WI 53719

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

Speaking Limits: Public Hearing..... 5 minutes  
Information Hearing..... 3 minutes  
Other Items..... 3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

[Empty comment box with multiple horizontal lines]

Name, address and telephone number of each person or organization you are representing:

[Empty lines for name, address, and telephone number]

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 11/22/11

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. E1

Name Dean Matuszak  
Address 738 McLean Drive  
Madison, WI 53718

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

Speaking Limits: Public Hearing..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items..... 3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Because I live off of Shermberg with children, I  
am afraid that the increase of traffic will be danger  
of my children and other within the area.

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 11/22/11

Signature   
Print Name Dean A. Matuszak



Date: 11/22/11

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. E1

Name MARY DUSLOH  
Address 801 MCLEAN DR  
MADISON, WI 53718

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

[Empty comment box with multiple horizontal lines]

Name, address and telephone number of each person or organization you are representing:

[Empty lines for name, address, and telephone number]

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 11/20/11

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. E1

Name Robert Hogan  
Address 6025 Sharpsburg Dr.  
Madison, WI 53718

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Based on where I live I am very concerned with traffic in regards to bicycling & walking traffic.

Our children play at the pocket park on Sharpsburg & our fear is ~~excess~~ excessive non neighborhood traffic volume.

Name, address and telephone number of each person or organization you are representing:

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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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 11/22/11

Signature 

Print Name Robert Hogan

Date: 11/22/11

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. E1

Name Andrea Hagan  
Address 6025 Sharpsburg Dr.  
Madison, WI 53718

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

I live on Sharpsburg Dr and have two young children. There is a lovely park across the street. Our neighborhood is a young one, and many children gather there to play. There are also many families that ride their bikes around the park. I'm concerned for the safety of the families who enjoy the park.

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 11/21/11

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Item E. 1  
Agenda No. \_\_\_\_\_

Name Barbara Davis  
Address 729 Orion Trail  
Madison WI 53718

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

Speaking Limits: Public Hearing..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items..... 3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

- compromises Grandview Residents Quality of life, safety of pedestrians and bicyclists along main streets in Grandview. (Sharpsburg, North Star, Dominion)  
 - concerned about truck/car traffic on Cottage Grove Rd on Bike path that connects to Glacial Drumlins. 2 lane bridge over Interstate.

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

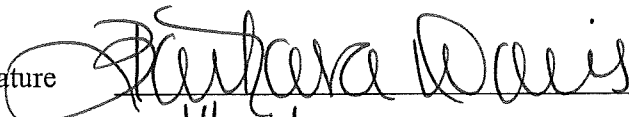
*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

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2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
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*(Please go to the City Clerk's website [www.cityofmadison.com/clerk/index.html](http://www.cityofmadison.com/clerk/index.html) or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date 11/21/11

Signature   
Print Name 11/21/11



Date: 11/22/11

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name John H. Driscoll

Address 801 McLean Drive

Madison, WI 53718

Agenda No. E1

Please check the appropriate boxes:

- Support
Oppose
Neither Support Nor Oppose

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

Speaking Limits: Public Hearing... 5 minutes
Information Hearing... 3 minutes
Other Items... 3 minutes

At this meeting are you representing an organization or a person other than yourself? Yes No

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Opposed to item E.1.

Name, address and telephone number of each person or organization you are representing:

N/A

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: \_\_\_\_\_

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No.   51  

Name   Paul Reilly    
Address   1218 Alexandria Lane    
  Madison 53718  

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):


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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

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Date 11-22-2011

Signature Paul R. Reilly

Print Name Paul R Reilly

Date: 11/22/11

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. E.1

Name DAN DAY  
Address 7530 WESTWARD WAY  
MADISON WI

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

[Empty comment box with multiple horizontal lines]

Name, address and telephone number of each person or organization you are representing:

VERIDIAN HOMES, LLC  
6801 SOUTH TOWNE  
MADISON WI

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

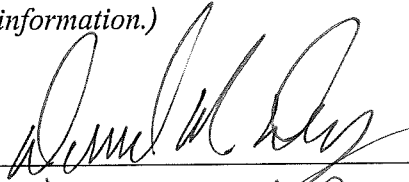
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Date 11/22/11

Signature   
Print Name DANIEL N. DAY

Date: 11/22/11

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. E1

Name Daniel Brinkman  
Address 2800 Royal Ave #101  
Madison, WI

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

Speaking Limits: Public Hearing..... 5 minutes  
 Information Hearing..... 3 minutes  
 Other Items..... 3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):


Name, address and telephone number of each person or organization you are representing:

PSI Real Estate Group - 2800 Royal Ave, Madison, WI  
Vendian Homes - 6801 South Towne Dr., Madison, WI

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

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Date 11/22/11

Signature 

Print Name P. Daniel Brinkman



Date: 11/22/11

CITY OF MADISON

Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. E. 1

Name BRIAN MONSON  
Address 120 EAST LAKESIDE DRIVE  
MADISON, WI 53726

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....3 minutes  
 Other Items.....3 minutes

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," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

[Empty lines for comments]

Name, address and telephone number of each person or organization you are representing:

VERDIAN HOMES  
6801 SOUTH TOWN DRIVE  
MADISON, WI

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.)

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

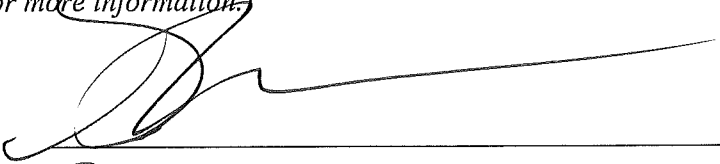
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Date Nov. 22, 2011

Signature 

Print Name BRIAN MUNSON