

#17884

Date:	4-20-	-10
-		

WISH TO SPEAK FORM

CITY OF MADISON

Registration	Statement	COMMITTEE	ouncil		<u> </u>
Please Print Agenda No		Name	PRINT NAME CLI JOSEPH D 3010 WOO Middleto	J. Kenz	Pr
Please check one	:	AND	Please che	eck:	
Support			Wisl	ı to Speak	
Oppose Neither Sup At this meeting are you re (If you answered "no," So of who you represent and Name, address and telephone.	STOP; you need not on the second of the second of the next quite second of the next quite second on the second of	ization or a perso complete the rest estion)	of this form. If you an	swered "yes,"	☐ No provide the name
Are you being paid for you are you appearing as par (If you answered "no," I question.)	t of your other paid d STOP; you need not d	complete the rest	of this form If you an	☐ Yes ☐ Yes nswered "yes,"	☐ No ☐ No ' go on to the next
In	ublic Hearing (Comn iformation Hearing other Items	************************************			

(SEE BACK)



Date:	4-20-10	

WISH TO SPEAK FORM

Registration Statement	COMMITTEE	ouncil	· · · · · · · · · · · · · · · · · · ·
Please Print Agenda No. 54	PLEASE Name Address	JOHN 5764	MECLEARLY ROBISON N. HILL COURT BURG, WI 5371
Please check one:	AND	Pleas	se check:
Support		X	Wish to Speak
Oppose		·	
Neither Support Nor C	Oppose		
At this meeting are you representing an a (If you answered "no," STOP; you need of who you represent and go on to the new Name, address and telephone number of DOWNTOWN MAD	I not complete the rest ext question) each person or organi	t of this form. I	If you answered "yes," provide the name
	,		·
Are you being paid for your representati	on?		☐ Yes X No
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	paid duties for this per Id not complete the res	rson or organiz t of this form.	zation? 🗌 Yes 📈 No
Information Hea	Common Council)	3 minutes	



FODIA

WISH TO SPEAK FORM

Registrat	ion Statement		Council	
Please Print	:	COMMITTEE PLEASE	E PRINT NA	ME CLEARLY
Agenda No.	88954	Name Address	Pati,	N. Paterson
Please check o	ne:	AND	Plea	ise check:
Support Support			A	Wish to Speak
Oppose				
Neither S	Support Nor Op	pose		
(If you answered "no of who you represent	ou representing an organ, "STOP; you need not and go on to the next quelephone number of each of the state of	t complete the resi uestion)	t of this form	If you answered "yes," provide the name
Are you being paid f	or your representation?			☐ Yes 📈 No
	s part of your other paid o, " STOP; you need no			zation? Yes No If you answered "yes," go on to the nex
Speaking Limits:	Public Hearing (Con Information Hearing	r - et et t todonaladd Ed. Etddalaadd		



Date: 4/20/10

WISH TO SPEAK FORM

Registration Statement -	Common Co	ouncil		,
Please Print Agenda No.	PLEASE Name _ Address _	,	ECLEARLY Y GORE RODNEY	
Please check one:	AND	Please	e check:	
Support	-		Wish to Speak	K
Oppose		,		
Neither Support Nor Op	ppose			
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest (question)	of this form. If y	you answered "yes,"	No provide the name
	· · · · · · · · · · · · · · · · · · ·			
Are you being paid for your representation?	,		☐ Yes	No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)				No on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	5		-	



Date: 4/20/2010

WISH TO SPEAK FORM

Registration Statement	Common C	ouncil		 ,
Please Print Agenda No	PLEASE Name	STAN	SCHULTZ OUND HILL (SON, WIS	-
Please check one:	AND	Plea	se check:	
Support		X	Wish to Speak	
Oppose				
Neither Support Nor Op	pose			
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	t complete the resi question)	t of this form.	If you answered "yes," prov	No vide the name
Are you being paid for your representation?			☐ Yes	ĹNo
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	l duties for this per t complete the res	rson or organiz t of this form	zation?	[No on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	Portije od op	3 minutes		



Date: 4/20/2010

WISH TO SPEAK FORM

Registration Statement	Common C	Council
Please Print		SE PRINT NAME CLEARLY
Agenda No. 54 17884		FRED BARTOL I E. GILMAN ST., #101 MADISON 53703
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
☐ Neither Support Nor Opp	pose	
of who you represent and go on to the next question. Name, address and telephone number of each	complete the rest uestion) n person or organ	st of this form. If you answered "yes," provide the name nization you are representing:
DAME ALLIANCE FOR RI	ATIONAL T	TRANS PORTATION
(Same as above)	,	
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)		erson or organization? Yes Tho est of this form If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items		3 minutes



Date: H 20 10

WISH TO SPEAK FORM

Registration Statement	Common Committee	ouncil	
Please Print Agenda No. 54	PLEASE Name Address	\	MECLEARLY LANG SOLUNGER SHERMAN AVE.
Please check one:	AND	Plea	se check:
Support Oppose			Wish to Speak
Neither Support Nor Op	pose		
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest vuestion)	of this form	f you answered "yes," provide the name
Are you being paid for your representation?			☐ Yes 📈 No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)			
Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes	



Date:	4-20-10	

WISH TO SPEAK FORM

Registration State	ement - Common Co	ouncil
Please Print Agenda No5_3	Name Address 1	PRINT NAME CLEARLY ROSEMARY LEE 111 W WILSON #108 53703
Please check one:	AND	Please check:
Support	-	Wish to Speak
Oppose		v
Neither Support	Nor Oppose	
At this meeting are you represer (If you answered "no," STOP; of who you represent and go on Name, address and telephone nu	you need not complete the rest to the next question)	t of this form. If you answered "yes," provide the name
		<u> </u>
Are you being paid for your rep	resentation?	☐ Yes ☐ No
Are you appearing as part of you (If you answered "no," STOP; question)	ur other paid duties for this pers you need not complete the rest	rson or organization?
Information	learing (Common Council) tion Hearing	.3 minutes