



Date: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

18113

PLEASE PRINT NAME CLEARLY

Name

Paul Muench

Address

Urban Land Interests

Agenda No.

56

Please check the appropriate box:

Please check the appropriate box:



Support

AND



Wish to speak



Oppose



Neither Support Nor Oppose

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 who you represent and go on to the next question.)

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.)

Speaking Limits:

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes

Other Items 3 minutes

(SEE BACK)



Date: 5-4-10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 5b

Name Susan Springer

Address _____

Please check the appropriate box:

Please check the appropriate box:

Support

AND

Wish to speak

Oppose

Neither Support Nor Oppose

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 who you represent and go on to the next question.)

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

Mullins Group
401 N Carroll St
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.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing 3 minutes
Other Items 3 minutes

(SEE BACK)



Date: 5/2/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 56

Name Amia McCarville
Address 121 S Bentlee St
Madison WI

Please check the appropriate box:

Please check the appropriate box:

Support

AND

Wish to speak

Oppose

Neither Support Nor Oppose

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 who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:
Should not make special rules
for 1 Business

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.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing 3 minutes
Other Items 3 minutes

(SEE BACK)



Date: 5-4-10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 56

Name Mary Cowbine
Address 122 W. Washington Ave
Madison WI 53702

Please check the appropriate box:

Please check the appropriate box:

Support

AND

Wish to speak

Oppose

Neither Support Nor Oppose

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 who you represent and go on to the next question.)

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

Madison Central BID
122 W. Washington Ave #250
Madison, WI 53703

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.)

Speaking Limits: Public Hearing (Common Council)5 minutes
Information Hearing.....3 minutes
Other Items3 minutes

(SEE BACK)



Date: 5-4-10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY
Name Susan Schmitz
Address 210 Marinette Tr.

Agenda No. #56

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

- Wish to speak

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 who you represent and go on to the next question.)

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

DMI
122 W. Wash. Ave.

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.)

Speaking Limits:

| | |
|---------------------------------|----------------|
| Public Hearing (Common Council) |5 minutes |
| Information Hearing |3 minutes |
| Other Items |3 minutes |

(SEE BACK)

Date: 8-4-10



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 56

Name Brian Mullin
Address 1903 Rowley St
Madison

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

Please check the appropriate box:

- Do not wish to speak

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 who you represent and go on to the next question.)

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.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)