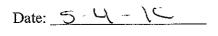


WISH TO SPEAK FORM

CITY OF MADISON

Registrat	ion Statement -	Common Cou	ncil	
<u>-</u> .		COMMITTEE		
Please Print \8	113	PLEASE PR	RINT NAME CLEARLY	
		Name	Paul Muench	
Agenda No. 56		Address	Paul Muench Urban Land Interests	
Please check the ap	propriate box:		Please check the appropriate box:	
M Support		AND	EZZ SSEVE N. A.	
Oppose			W Wish to speak	
	Support Nor Op	ppose		
(If you answered "no		-	ther than yourself: Yes No his form. If you answered "yes," provide the nar	me
Name, address and to	elephone number of ea	ch person or organizatio	on you are representing:	
			a	_
Are you being paid f	or your representation?	•	Yes No	
		d duties for this person of the complete the rest of the	or organization? (I) Yes \(\bigcap\) No his form. If you answered "yes," go on to the ne	ext
Speaking Limits:		nmon Council)5 mi		
	Information Hearing Other Items	3 mi 3 mi	inutes inutes	

(SEE BACK)





WISH TO SPEAK FORM

CITY OF MADISON

Registrat	ion Statement -	Common C	ouncil		
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No. Sb		Name	Swan Sq	`	
Please check the ap	propriate box:		Please check th	ie appropria	te box:
Support Oppose		AND	Wish	to speak	
	Support Nor Op	pose			
(If you answered "no	ou representing an orga o," STOP; you need no t and go on to the next q	t complete the rest	n other than yourself: of this form. If you answ	Yes wered "yes,"	☐ No provide the name
·	-	-	zation you are represent	_	
	101 N (as	1			
1	Madison				engry statement and
Are you being paid for	or your representation?			Yes	□No
	s part of your other paid o, " STOP; you need no		son or organization? of this form. If you ans	∏Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items				

(SEE BACK)



Date: 513/10

WISH TO SPEAK FORM

CITY OF MADISON

Registrat	tion Statement -	Common Co	uncil	
Please Print			PRINT NAME CLE	EARLY
Agenda No.	<u>(</u>	Name	timia 1215 120de	Me Carville Bertion St San Wi
Please check the ap	propriate box:		Please check	the appropriate box:
Support Oppose		AND	Wish	to speak
Neither !	Support Nor Op	pose		
(If you answered "no of who you represen	t and go on to the next of each	ot complete the rest of question.)	f this form. If you an	Yes No swered "yes," provide the name
5002	1 Busin	- (
Are you appearing a	for your representation? s part of your other paid o," STOP; you need no	d duties for this perso	on or organization? of this form. If you ar	Yes <u>No</u> Yes <u>No</u> Yes <u>No</u> nswered "yes," go on to the nex
Speaking Limits:	Information Hearing	mmon Council) 5 3 3	minutes	



Date: 5-4-10

WISH TO SPEAK FORM

CITY OF MADISON

Registrati	on Statement -	COMMITTEE	ouncii		
Please Print		PLEASE	PRINT NAME CLEA	RLY	
Agenda No. 5		NameAddress		ome v. Washiv n WJS	ngta Al
Please check the app	ropriate box:		Please check the	e appropriate box	:
Support Oppose		AND	Wish t	o speak	
Neither S	upport Nor Op	pose			
(If you answered "no,	ou representing an orga," STOP; you need no and go on to the next q	t complete the rest	n other than yourself: of this form. If you answ		No de the name
Name, address and te	٠٨	. /	ration you are representi	ng:	
	Madis 122 Maa	W.W.	ashive for	Ave # 1 703	50
Are you being paid for	or your representation?	,		☐ Yes 🔀	No
Are you appearing as (If you answered "no question.)	part of your other paid," STOP; you need no	l duties for this per ot complete the rest	son or organization? of this form. If you answ	Yes	
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	<u>. </u>	3 minutes		



Date: 5 - 4 - 10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statem	ent - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. #56	Name MANN Schmith Address 2/0 Marinette Tr.
Please check the appropriate box:	Please check the appropriate box:
Support	AND Wish to speak
Oppose	
Neither Support No	or Oppose
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to the	an organization or a person other than yourself: Yes No need not complete the rest of this form If you answered "yes," provide the name he next question.)
Name, address and telephone number	er of each person or organization you are representing:
122 W. Wash	. ave.
Are you being paid for your represe	ntation? Yes No
Are you appearing as part of your of (If you answered "no," STOP; you question.)	ther paid duties for this person or organization? Yes No need not complete the rest of this form. If you answered "yes," go on to the next
	ng (Common Council) 5 minutes Hearing 3 minutes



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registrat	ion Statement	Common Council		
Please Print		PLEASE PRINT NAM	ME CLEARLY	
Agenda No. Sb		Address <u>১৭০২</u>	a Mallin Roder 5t duce—	
Please check the ap Support Oppose Neither S	propriate box: [Support Nor Op	AND	e check the appropriat	
(If you answered "no of who you represen	o," STOP; you need not t and go on to the next q	unization or a person other than y t complete the rest of this form. I question) th person or organization you are	If you answered "yes,"	□No provide the name
Are you appearing a	for your representation? s part of your other paid o, "STOP; you need no	l duties for this person or organiz tomplete the rest of this form	☐ Yes zation? ☐ Yes If you answered "yes,"	No No go on to the next
Speaking Limits:	Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes		

(SEE BACK)