

24356 25091
24620
24357

Date: 3/20/12

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print

PLEASE PRINT NAME CLEARLY

Name Bill White
Address 2708 Lakeland Ave
Madison

Agenda No. 4, 5 & 72

Please check the appropriate box:

- ☒ **Support**
☐ **Oppose**
☐ **Neither Support Nor Oppose**

AND

Please check the appropriate box:

- ☒ 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," **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)

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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3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

(Please go to the City Clerk's website 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 _____

Signature _____

Print Name _____

Date: 3/20/12

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

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Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4 5 72

Name Brenda Walkowski

Address 6214 Fredericksburg Ln
Madison, WI 53710

Please check the appropriate box:

☐ Support
☒ **Oppose**
☐ Neither Support Nor Oppose

AND

Please check the appropriate box:

☐ 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
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☐ Yes ☒ No

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Other Items.....3 minutes

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Date 3/20/12

Signature

Brenda Walkowski

Print Name

Brenda E Walkowski

Date: 3/20/12

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4-5-72-73

Name Mike Teronde

Address 6121 Friendship Lane
Menomonee, WI 53718

Please check the appropriate box:

- ☐ Support
☒ **Oppose**
☐ Neither Support Nor Oppose

AND

Please check the appropriate box:

- ☐ 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
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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.)

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

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REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____

Date: 3-20-12

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

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Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4-5 - 72-73

Grandview Commons

Name

KAREN TERONDE

Address

6121 Kradricksburg LN

MADISON WI 53718

Please check the appropriate box:

☐

Support

☒

Oppose

☐

Neither Support Nor Oppose

AND

Please check the appropriate box:

☐

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," **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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 5/21/2012

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

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Please Print

PLEASE PRINT NAME CLEARLY

Name

Joan Dickvell

Address

6110 Fredericksburg Lane
Madison, WI 53718

Agenda No. 4, 5, 72

Please check the appropriate box:

☐

Support

☒

Oppose

☐

Neither Support Nor Oppose

AND

Please check the appropriate box:

☐

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," **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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 3/20/12

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

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Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72

Name

Amy Szalkowski

Address

6002 Fredericksburg Ln
Madison, WI

Please check the appropriate box:

☐

Support

☒

Oppose

☐

Neither Support Nor Oppose

AND

Please check the appropriate box:

☐

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," **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:

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Information Hearing.....3 minutes

Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 3/20/12

Signature Amy B. Szalkowski
Print Name Amy B. Szalkowski

Date: 3/20/12

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

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Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72

Name

Ted Szalkowski

Address

6002 Fredericksburg
Madison 53718

Please check the appropriate box:

☐

Support

☒

Oppose

☐

Neither Support Nor Oppose

AND

Please check the appropriate box:

☐

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," **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

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Other Items..... 3 minutes

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Date 3/20/12 Signature Ted Szalkowski
Print Name Ted Szalkowski



Date: 3.20.12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72

Name BEIAN MUNSON

Address 126 EAST LAKESIDE ST.

MADISON, WI

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ 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:

VERIAN HONES

6801 SOUTH TOWN DRIVE

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
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REGISTRATION STATEMENT - PAGE 2

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Date MARCH 20, 2012

Signature

Print Name

BRIAN MUNSON



Date: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4.5, etc

Name

Address

JEFF ROSENBERG

2630 WANNON WAY
MADISON, WISC.

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ 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:

VERONICA HINES

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

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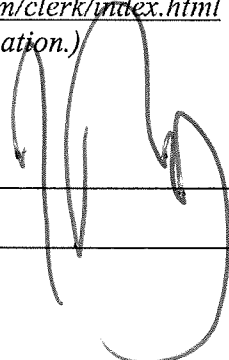
(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date

3/20/12

Signature

Print Name


Jeff Rosen



Date: 3/20

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72

Name

Ken Golden

Address

2904 Gregory St
MADISON

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Wish to Speak

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

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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3-20-12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4-5-72

Grandview Commons

Name

Carolyn Montgomery

Address

1205 McLean Dr.

Madison WI 53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Wish to Speak

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

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Date _____

Signature _____

Print Name _____



Date: 03-20-12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 45, 72, 73

Name

Archie Blacks

Address

1629 Kings Mill wy
Madison WI 53718

Please check the appropriate box:

☒ **Support**

☐ **Oppose**

☐ **Neither Support Nor Oppose**

AND

Please check the appropriate box:

☐ **Wish to speak**

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

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Date _____

Signature _____

Print Name _____



Date: 3/20/2012

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name ROGER GUEST

Address 609 MCLEAN DRIVE
MADISON, WI 53708

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ Wish to Speak

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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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)

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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(Please go to the City Clerk's website 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 _____

Signature _____

Print Name _____



Date: 3-20-12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 111

Name

Kathryn Hill

Address

610 W Fredericksburg Ln
Madison WI 53718

Please check one:

AND

Please check:

☐

Support

☒

Oppose

☐

Neither Support Nor Oppose

☒

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.)

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Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes

Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____



Date: 3-20-12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name Barbara Brochtrup

Address 1713 Meadowlark

Madison, WI 53714

Please check one:

AND

Please check:

☒ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Wish to Speak

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

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Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3-20-2017

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name Greg Cieslewicz
Address 6106 Fredericksburg Lane
Madison

Agenda No. 4(5) 72, 73
Grandview

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Wish to Speak

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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Speaking Limits: Public Hearing (Common Council) 5 minutes
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Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____



Date: 3/20/12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name

Tim Allen

Address

734 North Star Dr

Agenda No. 4, 5, 72

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ Wish to Speak

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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REGISTRATION STATEMENT - PAGE 2

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Print Name _____



Date: 3/20/2012

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name Leah Voigt Potter

Address 4813 Martha Lane

Madison, WI 53714

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Wish to Speak

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____



Date: 3/20/12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 74

Name Leslie Olson

Address 6610 Hopewell Dr.
Madison WI 53718

Please check one:

AND

Please check:



Support



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.)

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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3-20-2012

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72

Name RUTH HILL
Address 523 DIVISION
MADISON, WI

Please check one:

AND

Please check:

- ☐ Support
☒ Oppose
☐ Neither Support Nor Oppose

☒ Wish to Speak

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

Speaking Limits: Public Hearing (Common Council) 5 minutes
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____



Date: 3/20/12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 72

Name Rachel Longley

Address 6205 Dominion Dr.

Madison WI 53718

Please check one:

AND

Please check:

☒ Support

☐ Wish to Speak

☐ Oppose

☐ Neither Support Nor Oppose

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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REGISTRATION STATEMENT - PAGE 2

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Date: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72

Name

KENT HILL

Address

523 DIVISION ST.

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Wish to Speak

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____



Date: 3/20/12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 72

Name Jay Longley
Address 6205 Dominion Dr
Madison, WI 53718

Please check one:

AND

Please check:

- ☒ Support
☐ Oppose
☐ Neither Support Nor Oppose

☒ Wish to Speak

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____



Date: 3-20-12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4,5,72

Name

CINDY Glaeden-Knott

Address

802 Callisto DR
MADISON

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Wish to Speak

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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Date _____

Signature _____

Print Name _____



Date: 3/20/12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name Kristina Hauser
Address 602 Apollo Way
Madison

Please check one:

AND

Please check:

- ☒ **Support**
☐ **Oppose**
☐ **Neither Support Nor Oppose**

☒ **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.)

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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?

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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: March 20/2012

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72

Name

Dean Matuszak

Address

738 McKeon Drive
Madison, WI

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Wish to Speak

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

☐ No

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☐ No

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Information Hearing 3 minutes

Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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*(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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(Please go to the City Clerk's website 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 _____

Signature _____

Print Name _____



Date: 3-20-12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 12, 13

Name

RICK FATKE

Address

602 APOLLO WAY

MADISON, WI 53718

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ 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)

REGISTRATION STATEMENT - PAGE 2

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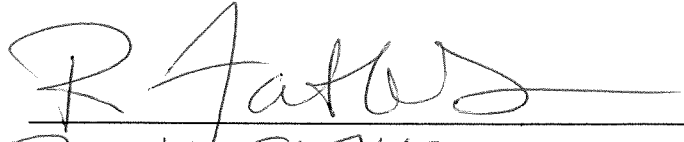
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Date

3-20-12

Signature



Print Name

RICK FATKE



Date: 3/20/12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name Denise DeMarb
Address 6010 Fredericksburg Ln
Madison, WI 53718

Agenda No. 4, 5, 72

Please check one:

AND

Please check:

- ☐ Support
☒ Oppose
☐ Neither Support Nor Oppose

☒ 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.)

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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.)

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 3/20/12

Signature 

Print Name Denise R DeMarb



Date: March 20 2012

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name Greg Miller

Address 6105 Vicksburg Rd
MADISON WI

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ Wish to Speak

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____



Date: 3-20-12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5 & 7.2

Name

Paul Reilly

Address

1218 Alexandria Lane
Madison 53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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.)

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Speaking Limits:

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3/20/12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name JAWICE MUNIZZA

Address 6105 VICKSBURG RD
MADISON

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ 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.)

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☐ 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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 20 Mar 12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 45, 72, 73

Name

Jill Schaefer

Address

6033 Dominion Dr.

Madison WI 53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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.)

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Are you appearing as part of your other paid duties for this person or organization?

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Speaking Limits:

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes

Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 2-20-12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 5

Name

Tonya Nye

Address

6202 Dominion Dr

Madison WI 53718

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ 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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3/20/12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name John Driscoll
Address 801 McLean Drive
Madison, WI 53718

Grandview Commons (A11)
Agenda No. 72

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Wish to Speak

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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Speaking Limits:

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____



Date: 3/20/12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name

CRAIG THOMPSON

Address

1241 ALEXANDRIA LN
MADISON WI 53718

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ Wish to Speak

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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Information Hearing.....3 minutes
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3-20-12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name

JOE MASSAN

Address

6201 Dominion

Agenda No. 5

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ 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.)

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Are you being paid for your representation?

☐ Yes ☐ No

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____



Date: 3-20-12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 7, 2, 73

Name Sr. Ellen Marie Baranek
Address 5901 Cottage Grove Rd
Madison, WI 53718

Please check one:

AND

Please check:

☐ Support

☒ 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.)

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Speaking Limits:

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____



Date: 3-20-2012

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name Dan Haider

Address 620 McLean Dr
Madison

Please check one:

AND

Please check:



Support



Oppose



Neither Support Nor Oppose



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.)

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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?

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☐ No

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Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes

Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3/20/2012

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name

Tara White

Address

637 Copernicus Way
Madison 53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Wish to Speak

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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Information Hearing.....3 minutes
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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*(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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(Please go to the City Clerk's website 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 _____

Signature _____

Print Name _____



Date: 3/20/17

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4 5372

Name Alisa Allen

Address 734 Wauth Star Dr

Madison WI 53718

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ 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

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3/20/12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name

Address

Barbara Davis
729 Orion Trail

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Wish to Speak

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Print Name _____



Date: 3/20/12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, + 73

Name

Armando Hernandez

Address

637 Copernicus Wgy
Madison, WI

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Wish to Speak

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____



Date: 3-20-12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4 & 5

Name Mark Opitz
Address 6717 Frank Lloyd Wright Ave #200
Middleton 53562

Please check one:

AND

Please check:

- ☒ Support
☐ Oppose
☐ Neither Support Nor Oppose

☒ 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

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Other Items..... 3 minutes

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REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____



Date: 3/20/12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name

Robert Hogan

Address

6025 Sharpsburg Dr

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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

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Speaking Limits:

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 8-20-12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name

ANTHONY BUTLER

Address

W 7225 Hustad Valley Rd
New Glarus WI
53574

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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:

Sister of Mary 5901 College Grove Rd

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
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Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 3-20-12

Signature 
Print Name ANTHONY BUTLER



Date: 3-20-12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name

DAVE DE FELICE

Address

6302 DOMINION DR
MADISON 53718

Agenda No. 4, 5, 7, 2, 13

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Wish to Speak

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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Other Items..... 3 minutes

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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3-20-12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name

Kimberly Topel

Address

771 McLeah Drive
Madison, WI 53718

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ Wish to Speak

At this meeting are you representing an organization or a person other than yourself? ☐ Yes ☒ No
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Speaking Limits:

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes

Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 2-20-12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name Nicole Jenkel

Address 6017 North Star Drive
AA

Please check one:

AND

Please check:

☐

Support

☒

Oppose

☐

Neither Support Nor Oppose

☒

Wish to Speak

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

☐ No

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☐ No

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Speaking Limits:

Public Hearing (Common Council) 5 minutes

Information Hearing..... 3 minutes

Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____



Date: 3/20/2012

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name

Heather McFadden

Address

617 Northstar

Please check one:

AND

Please check:

☐

Support

☒

Oppose

☐

Neither Support Nor Oppose

☒

Wish to Speak

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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Are you being paid for your representation?

☐ Yes

☐ No

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☐ No

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Speaking Limits:

Public Hearing (Common Council) 5 minutes

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Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____



Date: 3/20/12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name

Tiffany Taha

Address

6018 Fairfax Lane
Madison, WI 53718

Agenda No. 45, 72, 73

Please check one:

AND

Please check:

☐

Support

☒

Oppose

☐

Neither Support Nor Oppose

☒

Wish to Speak

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

☒ No

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☐ No

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Other Items 3 minutes

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Date _____

Signature _____

Print Name _____



Date: 3/20/2012

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, + 73

Name

HUAN HOANG

Address

5165 WINTERGREEN DR

MADISON, WI 53704

Please check one:

AND

Please check:

☐

Support

☒

Oppose

☐

Neither Support Nor Oppose

☒

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

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Public Hearing (Common Council) 5 minutes

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Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3-20-12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72 + 73

Name Paul Vanderrcheuren

Address 574 S. Segoe Rd
Madison, WI 53711

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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:

Schoenstatt Sisters of Mary

5901 Cottage Grove Rd

Madison, WI 53718 608 222-7208

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.)

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Other Items..... 3 minutes

(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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(Please go to the City Clerk's website 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 _____

Signature _____

Print Name _____



Date: 3/20/12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. S + 72

Name Tony Peterangelo

Address 721 N Star Dr
Madison WI 53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 03-20-12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. Grand Jury

Name Erin Thornley

Address 702 McLean Dr.
Madison, WI 53718

Please check one:

AND

Please check:

☐

Support

☒

Oppose

☐

Neither Support Nor Oppose

☒

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.)

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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.)

Speaking Limits:

Public Hearing (Common Council) 5 minutes

Information Hearing..... 3 minutes

Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 2-20-12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name

JEFF WISWELL

Address

1213 BIRCH HAVEN CIR.
MADISON, WI. 53716

GRANDVIEW
COMMONS
Agenda No. #4-#5-#72

Please check one:

AND

Please check:

☐

Support

☒

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3-20-12

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Name

Michael Schmitt

Address

21045 Oak Ridge Ct
Brookfield, WI

Agenda No. 45, 72, 73

Please check one:

AND

Please check:

- ☒ Support
- ☐ Oppose
- ☐ Neither Support Nor Oppose
- ☒ Available to answer questions

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:

Rollie Winter
Appleton, 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)

REGISTRATION STATEMENT - PAGE 2

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(Please go to the City Clerk's website 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 March 29, 2011

Signature

Michael J. Schmitt

Print Name

Michael J. Schmitt



Date: 3-26-12

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 4, 5, 72, 73

Name Max Dickman

Address 875 E. Wisconsin Ave.
Milwaukee 53202

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ Available to answer
questions

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:

Roundy's Supermarkets, Inc.

875 E. Wisconsin Ave.

Milwaukee, WI 53202

414-231-5000

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)

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

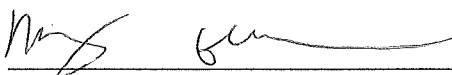
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 3-20-12

Signature 
Print Name Max Dickman



Date: 3/20/12

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 4, 5, 7

Grandview Grocery

Name Dan Brinkman

Address 2800 Royal Ave #101

Madison, WI

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ Available to answer
questions

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:

PSI Real Estate Group - 2800 Royal Ave. Madison - 226-3060

Vendren Homes - 6801 South Town Dr - Madison - 226-3000

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)

REGISTRATION STATEMENT - PAGE 2

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Date 3/20/12

Signature



Print Name

P. Daniel Brinkman



Date: 3/20/12

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 4, 5, 72+73

Name

DAN DAY

Address

7530 WESTWARD WAY
MADISON, WI

Please check one:

AND

Please check:



Support



Oppose



Neither Support Nor Oppose



Available to answer
questions

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:

VERIOMAN HOMES

SOUTH TOWNE 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.)

Speaking Limits:

Public Hearing (Common Council) 5 minutes

Information Hearing..... 3 minutes

Other Items..... 3 minutes

(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

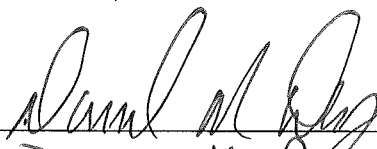
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Date 3/20/12

Signature 
Print Name DANIEL N. DAY



Date: 3-20-12

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 4

Name CHRIS WINTER

Address 4820 N. TANBLEDWOOD DR.
APPLETON, WI 54913

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ Available to answer
questions

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:

ROLIE WINTER & ASSOCIATES, LTD.

3315A N. BALLARD ROAD

APPLETON, WI 54911

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)

REGISTRATION STATEMENT - PAGE 2

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Date 3-20-12

Signature 
Print Name CHRIS WISNER



Date: 3/20/12

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 4, 5, 72

Name Lisa Rajkovich

Address 802 McKeon Dr
Madison WI 53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☐ Available to answer
questions

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72

Name Joan Hill

Address 1513 Deerwood Dr.

Madison WI 53716

Please check one:

AND

Please check:

☐ Support

☒ Do not 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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3/20/2012

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72

Name Kent Hill

Address 1513 Deerwood Drive
Madison, WI 53716

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☐ Do not wish to speak

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

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name

LAURALYN FLORIN

Address

6015 KILPATRICK LN.
MADISON 53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Do not wish to speak

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

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Speaking Limits:

Public Hearing (Common Council) 5 minutes

Information Hearing..... 3 minutes

Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name Pam Prestegard

Address 6013 Kilpatrick

Madison 53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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)

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: 3-20-12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72

Name

Christine Hill

Address

209 Stone Ter

Monona, WI 53716

Please check one:

AND

Please check:

- ☐ Support
- ☒ Oppose
- ☐ Neither Support Nor Oppose
- ☐ 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.)

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Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☐ No
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Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing.....3 minutes
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____



Date: 3-20-12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72

Name DAVID HILL

Address 209 STONE TERRACE

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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.)

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 45,7273

Name

Address

GERALD J MILLER
812 McCLELLAN DR.
MADISON, WI 53718

Please check one:

AND

Please check:

- ☐ Support
- ☒ Oppose
- ☐ Neither Support Nor Oppose
- ☒ 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.)

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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

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____



Date: March 20, 2012

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4-5-72-73

Name

Robert Montgomery

Address

1205 McLean Dr
Madison, WI 53718

Please check one:

AND

Please check:

- ☐ Support
- ☒ Oppose
- ☐ Neither Support Nor Oppose
- ☒ 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.)

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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

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3-20-2012

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72

Name MICHAEL KNOTT

Address BOZ CAULISTO DR
MADISON, WI 53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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.)

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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.)

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3/20/12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 73

Name

Anthony Antonio

Address

625 Orion Trail
Madison, WI 53718

Please check one:

AND

Please check:

- ☐ Support
- ☒ Oppose
- ☐ Neither Support Nor Oppose
- ☒ Do not wish to speak

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No
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Speaking Limits:

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 3/20/12

Signature 
Print Name Anthony Antonio



Date: 3/20/12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 72

Name

Address

Anthony Antonio

625 Orion Trail

Madison, WI 53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Do not wish to speak

At this meeting are you representing an organization or a person other than yourself? ☐ Yes ☒ No
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Speaking Limits:

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

(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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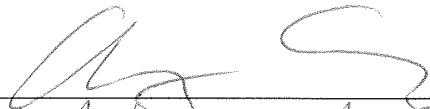
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Date

3/20/12

Signature



Print Name

Anthony Antonio



Date: 3/20/12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4

Name

Anthony Antonio

Address

625 Orion Trail
Madison, WI 53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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.)

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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

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Speaking Limits:

Public Hearing (Common Council) 5 minutes

Information Hearing..... 3 minutes

Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 3/20/12

Signature 
Print Name Anthony Antonio



Date: 3/20/12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 5

Name

Anthony Antonio

Address

625 Orion Trail
Madison, WI 53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Do not wish to speak

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

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

(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

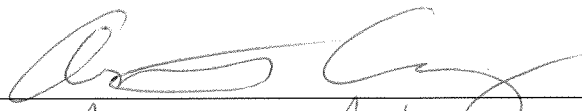
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Date 3/20/12

Signature 
Print Name Anthony Antonio



Date: 3/20/12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 5

Name Sarah Sturdevant
Address 625 Orion Trl
Madison, WI 53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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.)

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☐ 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)

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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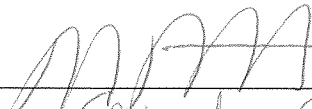
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Date

3/20/12

Signature



Print Name

Sarah Sturdevant



Date: 3/20/12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4

Name Sarah Sturdevant
Address 625 Orion Trl
Madison, WI 53718

Please check one:

AND

Please check:

- ☐ Support
- ☒ Oppose
- ☐ Neither Support Nor Oppose

☒ Do not wish to speak

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

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Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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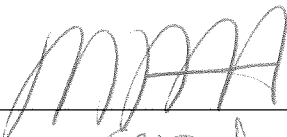
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Date 3/20/12

Signature 
Print Name Sarah Sturdevant



Date: 3/20/12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 72

Name

Sarah Sturdevant

Address

625 Orion Trl
Madison, WI 53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Do not wish to speak

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

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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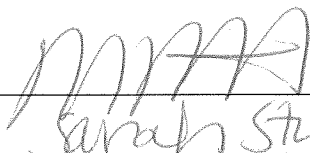
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 3/20/12

Signature

Print Name


Sarah Sturdevant



Date: 3/20/12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name Sarah Sturdevant
Address 625 Orion Trl
Madison, WI 53718

Agenda No. 73

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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)

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

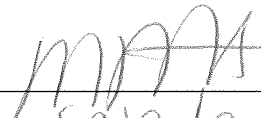
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 3/20/12

Signature 
Print Name Sarah Sturdevant



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4

Name

Shawn O'Dell

Address

710 Owen Trail

Madison WI

Please check one:

AND

Please check:

- ☐ Support
- ☒ Oppose
- ☐ Neither Support Nor Oppose
- ☒ 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)

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 3/20/17

Signature

Print Name

Shawn O'Dell
Shawn O'Dell



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 5

Name

Shawn O'Dell

Address

710 Orion Trail

Madison WI

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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)

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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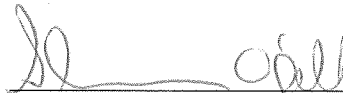
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Date 3/20/12

Signature



Print Name

Shawn O'Dell



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 72

Name Shawn Orell

Address 710 Orion Trail

Madison WI

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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)

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 3/20/12

Signature Shawn O'Neil

Print Name Shawn O'Neil



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 73

Name Shawn O'Dell

Address 710 Orion Trail

Madison WI 53716

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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.)

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

(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 3/20/12

Signature



Print Name

Shawn O'Dell



Date: 3/20/12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 45, 72, 73

Name

MARY DRISCOLL

Address

801 MCLEAN DR.

MADISON, WI 53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Do not wish to speak

At this meeting are you representing an organization or a person other than yourself? ☐ Yes ☒ No
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Speaking Limits:

Public Hearing (Common Council) 5 minutes

Information Hearing.....3 minutes

Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 3/20/12

Signature 
Print Name MARY DRISCOLL



Date: 3/20/2012

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name

Peter S Anderson

Address

809 Callista Dr
Madison WI 53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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.)

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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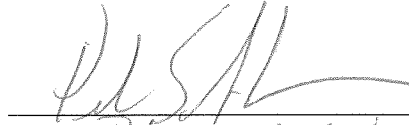
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 3/20/2012

Signature



Print Name

PETER S ANDERSON



Date: 3/20/12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name Sarah Herwig

Address 309 Callisto Dr.

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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.)

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☐ Yes ☐ No

Are you appearing as part of your other paid duties for this person or organization?

☐ Yes ☐ No

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 3/20/12

Signature Sarah J. Herwig
Print Name Sarah Herwig



Date: 3/20/2012

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name HILDA FERNANDEZ
Address 5901 COTTAGE GROVE RD
MADISON, WI 53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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.)

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3-20-12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name

Catherine Ditto

Address

5901 Cottage Grove Rd.
Madison, WI 53718

Please check one:

AND

Please check:

- ☐ Support
- ☒ Oppose
- ☐ Neither Support Nor Oppose
- ☒ Do not wish to speak

At this meeting are you representing an organization or a person other than yourself? ☐ Yes ☒ No
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Speaking Limits:

Public Hearing (Common Council) 5 minutes

Information Hearing.....3 minutes

Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____ Signature _____
Print Name _____



Date: 3/20/

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name Jeanne McDonald

Address 4413 Oak CT
Monona, WI 53716

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Do not wish to speak

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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(Please go to the City Clerk's website 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 _____

Signature _____

Print Name _____



Date: March 29, 2012

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name Patricia Vinje

Address 5901 Cottage Grove Rd
Madison WI 53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Do not wish to speak

At this meeting are you representing an organization or a person other than yourself? ☐ Yes ☒ No
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Are you appearing as part of your other paid duties for this person or organization?

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3/20/12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72

Name

Sue Alfrey

Address

6009 Sharpsburg Dr.
Madison 53748

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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)

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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(Please go to the City Clerk's website 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 _____

Signature _____

Print Name _____



Date: 3/20/12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name Joel Chapiewsky

Address 6102 Fairfax Lane
Madison, WI 53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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:

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

(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:

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Information Hearing..... 3 minutes

Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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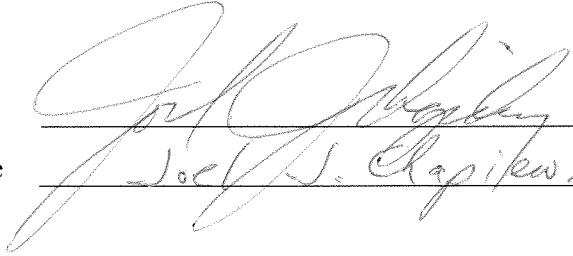
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Date 3/20/12

Signature

Print Name


Joel S. Chapikewsky



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name

Maurie Paul

Address

726 Topaz Lane

Madison WI 53714

Please check one:

AND

Please check:

- ☐ Support
- ☒ Oppose
- ☐ Neither Support Nor Oppose
- ☒ 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.)

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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.)

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3-20-2012

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name

Frances Paltz

Address

637 North Star Dr
Madison, WI 53718

Agenda No. 4, 5, 72

Please check one:

AND

Please check:

- ☐ Support
- ☒ Oppose
- ☐ Neither Support Nor Oppose
- ☒ 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:

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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.)

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Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date

3/20/2012

Signature

Print Name

Frances Peltz
Frances Peltz



Date: March 20, 2012

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name Judith Hoang
Address 5165 Wintergreen Drive
Madison WI 53704

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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.)

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☐ Yes ☐ No

Are you appearing as part of your other paid duties for this person or organization?

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 20 MAR 2012

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name

Pete Leonard

Address

6029 Sharpburg Dr.
Madison WI 53718

Please check one:

AND

Please check:

- ☐ Support
- ☒ Oppose
- ☐ Neither Support Nor Oppose
- ☒ 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.)

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☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization?

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Information Hearing 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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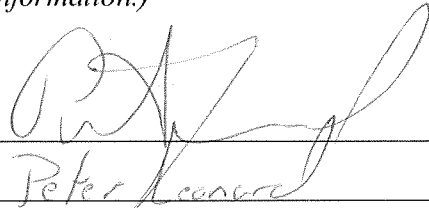
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Date 20 MAR 2012

Signature

Print Name


Peter Leone



Date: 3/20/12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72

Name SCOTT BLACKMAN

Address 6010 FREDERICKSBURG LN

WYANDOM, WI 53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Do not wish to speak

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 3/20/12

Signature 

Print Name Scott A. Blankman



Date: 3/20/12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72

Name RYAN BENDER

Address GRANDVIEW COMMONS

649 OLIVE TALL MADISON

53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Do not wish to speak

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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Speaking Limits: Public Hearing (Common Council) 5 minutes
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Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 3/20/12

Signature



Print Name

LIAN BENDER



Date: 3/20/12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name

Kindra Gochler

Address

649 Orion Trail
Madison, WI 53718

Agenda No. 4, 5, 72

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Do not wish to speak

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

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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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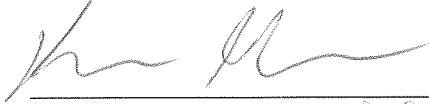
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Date 3/29/12

Signature 
Print Name KINDERT GOCHLER



Date: 3/20/12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 45, 72, 73

Name GEOFFREY HOFFMAN

Address 630 COPERNICUS WAY

MADISON, 53718

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ 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

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Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: B-20-12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 72

Name

Susan K. River

Address

4917 Beehner Circle
Madison, WI 53714

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ Do not wish to speak

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

☒ No

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☐ Yes

☒ No

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Speaking Limits:

Public Hearing (Common Council) 5 minutes

Information Hearing..... 3 minutes

Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 3-20-12

Signature

Susan K. River

Print Name

Susan K. River



Date: 3-20-2012

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name

Wade Dennis

Address

722 McLean Dr

Madison, WI 53718

Agenda No. 4

5, 72, 73

Please check one:

AND

Please check:



Support



Do not 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.)

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☐ Yes

☐ No

Are you appearing as part of your other paid duties for this person or organization?

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☐ No

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Public Hearing (Common Council) 5 minutes

Information Hearing..... 3 minutes

Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3-20-2012

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name

Lynn Lemberger

Address

545 Galileo Drive

Madison, WI 53718

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ Do not wish to speak

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

☒ No

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☒ No

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Speaking Limits:

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Information Hearing..... 3 minutes

Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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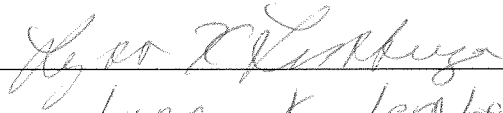
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 3-20-12

Signature

Print Name


Lynn K Lemberger



Date: 3/20/12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 72

Name Mark Proeschel

Address 618 Jupiter Dr. #3023
Madison 53718

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ 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)

REGISTRATION STATEMENT - PAGE 2

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Date 3/20/12

Signature

Mark Proeschel

Print Name

Mark Proeschel



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 5

Name

Troy Nye

Address

6202 Dominion Dr

Madison WI 53718

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ 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.)

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Public Hearing (Common Council) 5 minutes

Information Hearing..... 3 minutes

Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 5

Name

Krista Massaro

Address

6201 Dominion Dr

Please check one:

AND

Please check:

☒ **Support**

☐ **Oppose**

☐ **Neither Support Nor Oppose**

☒ **Do not wish to speak**

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

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☐ Yes

☐ No

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☐ Yes

☐ No

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Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 5

Name

Donna Crane

Address

825 Carina Ln
Madison, WI

Please check one:

AND

Please check:

- ☒ Support
- ☐ Oppose
- ☐ Neither Support Nor Oppose
- ☒ Do not wish to speak

At this meeting are you representing an organization or a person other than yourself? ☐ Yes ☐ No
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Information Hearing.....3 minutes

Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3/20/12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72

Name

Kay Fett

Address

931 Harrington Dr #108
Madison WI 53118

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ 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.)

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☐ Yes ☒ No

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Speaking Limits:

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes

Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3-20-2012

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name

Jeff Wunderlin

Address

620 McLean
Madison, WI

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ 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.)

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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

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Speaking Limits:

Public Hearing (Common Council) 5 minutes

Information Hearing.....3 minutes

Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72, 73

Name

Nicole Anderson

Address

6206 Fredericksburg Lane
Madison, WI 53718

Please check one:

AND

Please check:

- ☒ Support
- ☐ Oppose
- ☐ Neither Support Nor Oppose
- ☒ Do not wish to speak

At this meeting are you representing an organization or a person other than yourself? ☐ Yes ☒ No
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Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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(Please go to the City Clerk's website 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

03/20/2012

Signature

Nicole Anderson

Print Name

Nicole Anderson



Date: MAR 20 2012

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4-S-72

GRANDVIEW TOWN CENTER

Name DARREN KLAUITER

Address 769 NORTH STAR DR
MADISON WI 53718

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ 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.)

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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(Please go to the City Clerk's website 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 3-20-12

Signature 

Print Name DARREN LAWITTER



Date: March 26, 2012

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 45, 77

Name Buckley Bookman

Address 769 North Star Drive #34
Madison, WI 53718

Please check one:

AND

Please check:

☒ Support

☒ Do not 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.)

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Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date March 2, 2012

Signature

Print Name


Derek Brennan



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name

Norb Rebolz

Address

6422 Inner Dr

Madison WI 53705

Agenda No. 4, 5 & 72

Please check one:

AND

Please check:

☒

Support

☐

Oppose

☐

Neither Support Nor Oppose

☒

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.)

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☐ No

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Speaking Limits:

Public Hearing (Common Council) 5 minutes

Information Hearing.....3 minutes

Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3/20/12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4/72

Name

JASMINE ROGNESS

Address

1130 Meadowsweet Dr.
Madison WI 53719

Please check one:

AND

Please check:



Support



Oppose



Neither Support Nor Oppose



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.)

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☐ Yes

☒ No

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☒ No

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Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 3/20/12

Signature Jasmine Regness
Print Name Jasmine Regness



Date: 8-20-12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 4, 5, 72

Name Susan Koenig

Address 1915 Kropf Ave
Madison, WI 53704

Please check one:

AND

Please check:



Support



Oppose



Neither Support Nor Oppose



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.)

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☐ Yes

☐ No

Are you appearing as part of your other paid duties for this person or organization?

☐ Yes

☐ No

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Public Hearing (Common Council) 5 minutes

Information Hearing..... 3 minutes

Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 3-20-12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 5

Name

Address

Ann Matyas

718 McLean Dr.

Madison WI

53718

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ Do not wish to speak

At this meeting are you representing an organization or a person other than yourself? ☐ Yes ☒ No
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(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.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

(Please go to the City Clerk's website 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 _____

Signature _____

Print Name _____



Date: 3/20/12

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 5

Name

Dale A. Royer

Address

714 McLean Dr
Madison, WI 53718

Please check one:

AND

Please check:

☒

Support

☒

Do not 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)

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