| Date: | 16-06 | |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Please Print 0 | 3524 | PRINT N. | AME CLE | EARLY |
|--|---|--|--|---------------------------|
| | | Name Hully Di | eteler | |
| Agenda No. Do | | Address (II) Wls | | 0. |
| | | _Madism. | WI S | 3711 |
| Please check the appropriat | e boxes: | | | |
| (If you answered "no," ST question) | swer questions resenting an organization of OP; you need not complete | Oppose Wish to sp Do not wis Available to a person other than yourself: the the rest of this form. If you and are or organization you are representation. | h to speak o answer quest Yes swered "yes," | No No |
| | | | | |
| | | | | |
| Are you being paid for your | representation? | | Yes | □No |
| Are you appearing as part o (If you answered "no," STO question) | f your other paid duties for OP; you need not complete | this person or organization? the rest of this form. If you an. | Yes swered "yes," | ☐ No go on to the next |
| Info | lic Hearing rmation Hearing | | | |

Date: 5-16-06

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Please Print | | PRINT NAME | , CLEARLY |
|---|--|--|--------------------------------------|
| Agenda No. 5 | 0 | Name <u>Maribeth</u> W Address <u>5206</u> Esker <u>Madison</u> | itzel-Behl Drive |
| Please check the app | propriate boxes: | | |
| At this meeting are (If you answered "n question) | wish to speak le to answer questions you representing an organiz o, "STOP; you need not co | Oppose Wish to speak Do not wish to sp Available to answ ation or a person other than yourself: mplete the rest of this form. If you answered erson or organization you are representing: | er questions] Yes 🔀 No |
| | | | |
| Are you being paid t | for your representation? | | Yes No |
| | | ties for this person or organization? | Yes No ' "yes," go on to the next |
| Speaking Limits: | Public Hearing Information Hearing | | |

| Date: | 5-1 | 6-0 | o | 100 h |
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Please Print | PRINT NAME CLEARLY |
|--|--|
| Agenda No. 56 | Name Debra Schmidt Address 2690 Research Park Dr. #216 Fitch burg WI 53711 |
| Please check the appropriate boxes: | |
| (If you answered "no," STOP ; you need no question) | Oppose |
| | |
| Are you being paid for your representation | ? □ Yes □ No |
| | d duties for this person or organization? |
| Speaking Limits: Public Hearing Information Hearing | 5 minutes 5 minutes |