| Date: | <b>Dal</b> | 0-1 | 06 |  |
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## City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Please Print        | 03513  | PRINT NAME CLEARLY   |
|---------------------|--|--|
| Agenda No. 55       |  | Name HUUN Diltzlu  |
|                     |  | Address ULD Western Ave.   |
|                     |  | Address UD Western Ave. Madism, WI 53711   |
| Please check the ap | propriate boxes:                                 |  |
|                     | speak<br>wish to speak<br>le to answer questions | ☐ <b>Oppose</b> ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions                               |
|                     |  | ntion or a person other than yourself:   Yes  No  mplete the rest of this form If you answered "yes," go on to the n |
| Name, address and   | telephone number of each p                       | erson or organization you are representing:  |
|                     |  |  |
| Are you being paid  | for your representation?                         | ☐ Yes ☐ No   |
|                     |  | ies for this person or organization?   |
| Speaking Limits:    | Public Hearing Information Hearing               | 5 minutes<br>5 minutes   |

| Date: | 5 | $\neg$ | 6 | -0 | 6 |  |
|-------|---|--------|---|----|---|--|
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## City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Please Print  | 03513  | PRIN'   | ΓNAME CLI  | EARLY                       |
|---|--|---|--|-----------------------------|
| Agenda No. 58   | 5  | Name Marib<br>Address 5200<br>Madis   | eth Wit<br>Esker I   | zel-Behl<br>Drive           |
| Please check the appro                                  | opriate boxes:   |   |  |                             |
| At this meeting are yo (If you answered "no, question.) | sh to speak<br>to answer questions<br>u representing an organ<br>"STOP; you need not | Do no   | to speak of wish to speak able to answer ques self:   Yes ou answered "yes," | <b>⊠</b> No                 |
|   |  |   |  |                             |
|   |  |   |  |                             |
| Are you being paid for                                  | your representation?   |   | Yes  | □ No                        |
|   |  | luties for this person or organization complete the rest of this form. If you |  | ☐ No<br>" go on to the next |
| Speaking Limits:  | Public Hearing<br>Information Hearing<br>Other Items                                 |   |  |                             |

| Date: | _ 5 | -(( | $\phi = \phi$ | 0 |
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## City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Please Print   | 03513   | PRINT NAME CLEARLY   |
|--|---|--|
| Agenda No. 5   | 5   | Name Debra Schmidt<br>Address 2690 Research Park Dr. #216<br>Etchburg WI 53711   |
| Please check the app                                 | ropriate boxes:   |  |
| At this meeting are y (If you answered "no question) | vish to speak<br>e to answer questions<br>you representing an organiz<br>o," <b>STOP;</b> you need not co | Oppose  ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions  Exation or a person other than yourself: ☐ Yes ☒ No complete the rest of this form. If you answered "yes," go on to the next operation or organization you are representing: |
|  |   |  |
| Are you being paid f                                 | or your representation?   | ☐ Yes ☐ No   |
|  |   | tties for this person or organization?  Yes No omplete the rest of this form. If you answered "yes," go on to the next   |
| Speaking Limits:                                     |   | 5 minutes 5 minutes  |