

Date: \_\_\_\_\_

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

04462

PLEASE PRINT CLEARLY

Name Attorney Michael Christopher

Address 2 E. Woffler St  
Madison, WI 53703

Agenda No. 16

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- 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:

Jung Yean Lee

Do Relax's Liquor

402 W. Gorham

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

(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](http://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 10/3/06

Signature Michael A. Chantrel

Print Name \_\_\_\_\_

Date: 10.3.6

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

04462

PLEASE PRINT CLEARLY

Name JOSEPH TACHORSKY

Address 1223 STEELMAN  
MADISON

Agenda No. #16

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- 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:

MRS. LEE 402 W. GARHAM, MADISON

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 10-3-06

Signature   
Print Name JOSEPH TACHIBANA

Date: 10.03.06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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04462

Agenda No. <u>16</u>
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PLEASE PRINT CLEARLY

Name Melissa Destree  
 Address 222 W. Washington Ave #30  
Madison WI 53703

Please check the appropriate boxes:

- Support**  
 **Oppose**  
 **Neither Support Nor Oppose**

- and  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:

Mrs Ingeyan Lee  
402 W. Graham Madison  
# 257-0400

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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Date 10-3-06

Signature 

Print Name Melissa Destree

Date: 10-3-06

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

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04462

PLEASE PRINT CLEARLY

Name Jong yeon Lee

Address 402 W. Gorham St  
Madison WI 53703

Agenda No. 16

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- Support**
- Oppose**
- Neither Support Nor Oppose**

- and
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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: OCT 03, '06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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04462

PLEASE PRINT CLEARLY

Agenda No. #16

Name GARY TIPLER HISTORIC PRESERVATION CONSULTANTS  
Address 807 JENIFER MADISON

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

MRS. LEE, 402 W. BORTHAM ST, MADISON

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

(SEE BACK)

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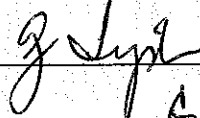
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Date Oct 3, 2006

Signature   
Print Name GARY TIPLER