

Date:	4/13/10	

WISH TO SPEAK FORM

Registration Statement -	Common C			<u></u>
Please Print	PLEASE	PRINT NAME	Symon ECLEARLY	5 ^
Agenda No. 173 17793	Name _ Address _	trica Si 120 Lai	ymonds ngdon H , WE 53703	
Please check one:	AND	Please	e check:	
Support			Wish to Speak	
Oppose				
Neither Support Nor Op	pose			
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	t complete the rest	n other than you of this form. If y	uself: Yes you answered "yes," prov	No ide the name
Name, address and telephone number of each	-	cation you are re	epresenting:	
WISPIRG - 333 E.Ca	empus Mi	all		
	,			
Are you being paid for your representation?			☐ Yes ☑	No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)				No on to the next
Speaking Limits: Public Hearing (Com Information Hearing) Other Items		3 minutes		



Date:	4/13	10	٠

WISH TO SPEAK FORM

Registration Statement	Common C	ouncil
Please Print		
- Control of the Cont	PLEASE	PRINT NAME CLEARLY
973	Name	Allie Gardner
Agenda No. 173	Address	ues W- Johnson St.
		· · · · · · · · · · · · · · · · · · ·
Please check one:	AND	Please check:
✓ Support		Wish to Speak
Oppose		
Neither Support Nor Op	nose	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next quality of who you represent and go on to the next quality of the property o	t complete the rest ruestion.) h person or organiz	of this form. If you answered "yes," provide the name ration you are representing:
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Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)		son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items		3 minutes



DO NOT WISH TO SPEAK FORM

Date: 4 3 1 5

Registra	tion Statement -	Common Committee	ouncil
Please Print		PLEASE	E PRINT NAME CLEARLY
Agenda No.	13	Name	Shelley Sarbalal 505 University the 1200 Madison WI 53703
Please check	one:	AND	Please check:
Support			Do not wish to speak
Oppose			
Neither	Support Nor Op	pose	
(If you answered "n of who you represer	nt and go on to the next q	t complete the rest question.)	on other than yourself: To of this form. If you answered "yes," provide the name at the provide the name of the name of the provide the name of the n
Are you being paid	for your representation?		☐ Yes ☑No
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Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minutes

Date: 4-13-10



DO NOT WISH TO SPEAK FORM

Registrati		mmon Cou	<u>ıncil</u>		
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At this meeting are yo (If you answered "no, of who you represent	upport Nor Oppose u representing an organization "STOP; you need not compland go on to the next question ephone number of each perso	ete the rest of 1.)	this form. If y	ou answered "y	
	r your representation? part of your other paid duties "STOP; you need not compl			Historiya (1994) bar ili bar ili qarishi ka ili galibi ili qarishi ka qara bar ay gagir ili a silibi.	es 💆 No
Speaking Limits:	Public Hearing (Common Common Information Hearing	3 n	ninutes		



Date: 4/13/10

DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common C	<u>ouncil</u>
Please Print			
		PLEASE	PRINT NAME CLEARLY
1 	[73]	Name	Julia Shirey
Agenda No.	393-	Address	2473 NIGO St.)
			vauvatosa, UI
Please check of	ne:	AND	Please check:
Support			Do not wish to speak
Oppose Oppose			
Neither S	upport Nor Opp	ose	
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Are you being paid for	r your representation?		☐ Yes No
Are you appearing as (If you answered "no question.)	part of your other paid of "STOP; you need not	luties for this per complete the rest	rson or organization? Yes No t of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items		3 minutes

Date: 4|13/10



DO NOT WISH TO SPEAK FORM

Registrati		Common (Council		
Please Print		PI FAS	E PRINT NAME CI	FARLY	
Agenda No.	173	Name	Madeleine 821 W. Madison, 1	. Johnson Johnson)
Please check or	ne:	AND	Please ch	ieck:	
Support			Do n	ot wish to s	peak
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(If you answered "no, of who you represent	ou representing an organiz "STOP; you need not co and go on to the next que: ephone number of each p	omplete the res stion.)	st of this form. If you d	inswered "yes,"	No provide the name
Are you being paid fo	r your representation?			Yes	No
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Speaking Limits:	Public Hearing (Commo Information Hearing Other Items		3 minutes		



Date: 4-13-10

DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common (<u>Council</u>		
Please Print		PLEAS	E PRINT NAME CL	EARLY	
Agenda No.	113	Name Address	to Milto Madison,	ason n Cts W1 53715	
Please check or	ie:	AND	Please ch	eck:	
Support			Do n	ot wish to speak	
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Speaking Limits:	Public Hearing (Communication Hearing Other Items		.3 minutes		

Date: 4/13/10



DO NOT WISH TO SPEAK FORM

Registration	on Statement	Common Committee	ouncil	
Please Print Agenda No.	<u>90 173</u>		EPRINT NAME CLEARLY Tyler Pool	
Please check on	e:	AND	Please check:	
∑ Support			Do not wish to speak	
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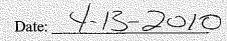


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Registiati	ion Statement = _	COMMITTEE	Gunen		
Please Print		PLEASE	PRINT NAME CL	EARLY	
N/	22/1-102	Name	Jessica Kil	^q _{>} -	
Agenda No.	1888 1 +3	_	122 State	St. 600	
V	• • • • • • • • • • • • • • • • • • • •			WI 53	562
Please check o	ne:	AND	Please ch	eck:	
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Are you being paid fo	or your representation?			☐ Yes ☐	JNo
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Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minutes		

(SEE BACK)





DO NOT WISH TO SPEAK FORM

Registration Statement	Common Committee	<u>ouncil</u>	
Please Print			
	PLEASE	PRINT NAME CLEA	
177A3	Name _	Lori Robson	
Agenda No.	Address	838 Columbia Povnette W1	r Dr
173		Poynette WI	53955
Please check one:	AND	Please checl	k:
Support		Do not	wish to speak
Oppose		, , ,	
Neither Support Nor Opp	nose		
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Are you being paid for your representation?			Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)			Yes No No yered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes	



Date: $\frac{4/13/2010}{}$

DO NOT WISH TO SPEAK FORM

Registrati	ion Statement	Common Co	ouncil	
<u>Please Print</u>			PRINT NAME CLEA	RLY LO
Agenda No.		Name Address	914 [OILE Madwor	je louvt L. W.
Please check o	ne:	AND	Please chec	k:
Support			Do not	wish to speak
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Are you being paid for	or your representation?			☐ Yes
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Speaking Limits:	Public Hearing (Communication Hearing Other Items		3 minutes	



Date: <u>b4/13/16</u> DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common Co	<u>ouncil</u>		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No	FQ3 173	Address _	Jatalle Ro 222 N P Madison, u	nckney st Apt =	+ .
Please check or	ie:	AND	Please chec	:k:	
⊠ Support			Do not	t wish to speak	
Oppose					
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Are you being paid fo	r your representation?			☐ Yes 🛕 No	
	part of your other paid "STOP; you need not			☐ Yes ☒ No swered "yes," go on to the ne	xt
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		



Date: 4/13/10

DO NOT WISH TO SPEAK FORM

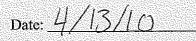
Registrat	tion Statement -	Common C	<u>ouncil</u>		
Please Print		PI FASE	PRINT NAME CLE	ARI Y	
17	5		April Wer		
Agenda No.	193-			Vista Dr.	
		Address	<u> </u>	WZ 53911	
			TIME TON		
Please check of	ne:	AND	Please che	ek:	
Support			Do no	t wish to speak	
Oppose					
Neither S	Support Nor Op	ppose			
of who you represen	t and go on to the next	question.)	of this form. If you ans	wered "yes," provide the nar	me —
Are you being paid f	or your representation?	•		☐ Yes No	
	s part of your other paid o, " STOP; you need no			☐ Yes ☐ No swered "yes," go on to the no	ext
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	ξ	3 minutes		



Date: 4/13/10

DO NOT WISH TO SPEAK FORM

Registrati	on Statement	COMMITTEE	ouncil		
Please Print Agenda No. Manual	图 173	Name _	PRINT NAME CLEA Julie Javierns 907 University 3 Baynard Madison, WI	hy Are	
Please check o	ne:	AND	Please chec	k:	
Support Oppose Neither Support Nor Oppose					
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	or your representation?			☐ Yes	
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Speaking Limits:	Public Hearing (Com Information Hearing. Other Items		minutes		





DO NOT WISH TO SPEAK FORM

Registration	Statement	COMMITTEE	<u>ouncil</u>		
<u>Please Print</u>		PLEASE	PRINT NAME CLEA	RLY	
Agenda No.	173	Name _ Address _	Caitlin Zand 3141 Bassell S Madison, WI	}hi	3
Please check one:		AND	Please checl	<:	
Support			Do not	wish to s	peak
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At this meeting are you re (If you answered "no," S of who you represent and Name, address and teleph	TOP; you need not of go on to the next qu	ization or a perso complete the rest estion.)	of this form. If you answ		No provide the name
Are you being paid for yo	our representation?			Yes	□No
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In	ablic Hearing (Comr formation Hearing ther Items		3 minutes		