



Date: 4/13/10

# AVAILABLE TO ANSWER QUESTIONS FORM

## CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>47</u> # <u>17441</u>
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Name Chris Gauthier  
 Address ~~1602~~ 1602 S. Park St #224  
Madison, WI 53715

Please check the appropriate box:

Please check the appropriate box:

Support

**AND**

Available to answer questions

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:

IATSE #251  
1602 S. Park St #224  
Madison, WI 53715      608 332 9729

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)