

Date:  $\frac{4/20/0}{}$ 

## AVAILABLE TO ANSWER QUESTIONS FORM

**CITY OF MADISON** 

Registrat	ion Statement -	Common Col	uncil		· .
Agenda No. /Z		Name Brandon (ook) Address 117 S Bassett # 3			}
Please check o	ne:	AND	Please chec	ek:	
<b>Support</b>			<b>Availal</b>	ble to ans	wer
Oppose			questio	ons	
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an organ, "STOP; you need no and go on to the next quellephone number of each	t complete the rest of question.)	this form. If you answ		☐ No provide the name
Are you being paid for your representation?				☐ Yes	□No
Are you appearing as (If you answered "no question.)	part of your other paid, "STOP; you need no	l duties for this person t complete the rest of	or organization? this form If you ans	☐ Yes wered "yes,"	No go on to the next
Speaking Limits:		nmon Council) 5 m			