

# **WISH TO SPEAK FORM**

Date: 12010

#### CITY OF MADISON

**Common Council** Registration Statement -Please Print PLEASE PRINT NAME CLEARLY Agenda No. Address Please check the appropriate box: Please check the appropriate box: **Support** AND Wish to speak **Oppose Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: Yes (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: ☐ Yes Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question) Public Hearing (Common Council) .... 5 minutes Speaking Limits: Information Hearing 3 minutes

Other Items 3 minutes



**WISH TO SPEAK FORM** 

## **CITY OF MADISON**

Registration	Statement	Common C	ouncil				
Please Print #182  Agenda No. 1	34	PLEASE Name Address	PRINT NAME CLEA Brenda Gonz 1678 Capito Mardison	EARLY NZalez Hal Ave n, WI 53705			
Please check the approp	oriate box:		Please check the	e appropriat	e box:		
Support Oppose		AND	Wish t	to speak			
At this meeting are you reference (If you answered "no," So of who you represent and Name, address and teleph	STOP; you need not I go on to the next qu	nization or a perso complete the rest uestion.)	of this form. If you answ		□ No provide the name		
·							
Are you being paid for you	our representation?			∐ Yes	☑No		
Are you appearing as par (If you answered "no," Squestion)				Yes Yes vered "yes,"	No go on to the nex		
	ublic Hearing (Com						

(SEE BACK)

Other Items 3 minutes



Date: 5/4/0

# DO NOT WISH TO SPEAK FORM

## **CITY OF MADISON**

Registrat	ion Statement -	COMMITTEE	ouncil		
Please Print		PLEASE	PRINT NAME CLE	AŖĿŶ	
Agenda No.		Name Address _	Here was the first of the first	Hewere ODD AV	.104
Please check the ap	propriate box:		Please check t	he appropriat	e box:
Support Oppose		AND	] Dono	) ot wish to	) speak
At this meeting are y	Support Nor Op ou representing an orga	anization or a perso		☐ Yes	ŬNo
	o," <b>STOP;</b> you need no t and go on to the next o		of this form. If you ans	wered "yes,"	provide the name
Name, address and to	elephone number of eac	ch person or organiz	zation you are represen	ting:	
Are you being paid f	or your representation?	2		☐ Yes	ŮNo
	s part of your other paid o," <b>STOP;</b> you need no			☐ Yes swered "yes,"	GNo go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	g	3 minutes		



Date: <u>OS/04//0</u>

# DO NOT WISH TO SPEAK FORM

## **CITY OF MADISON**

Registration S	atement - Common Council
Please Print  Agenda No.	PLEASE PRINT NAME CLEARLY  Name YAWCY Drywedgs  Address SOS Cottage Grow Rd Gpl#  Madian WI
At this meeting are you rep (If you answered "no," ST of who you represent and g	The senting an organization or a person other than yourself:  Yes No P; you need not complete the rest of this form. If you answered "yes," provide the name
(If you answered "no," ST question.)  Speaking Limits: Published	representation? Yes No  your other paid duties for this person or organization? Yes No  P; you need not complete the rest of this form. If you answered "yes," go on to the next the charmant of the series of the s



# DO NOT WISH TO SPEAK FORM

Date: \_

## **CITY OF MADISON**

Registrat	tion Statement -	Common Council committee
Please Print		
		PLEASE PRINT NAME CLEARLY
		Name Paco Godmez
Agenda No.		Address <u>3528 Atwood</u>
		Madisonwit
Please check the ap	propriate box:	Please check the appropriate box:
Support		AND
Oppose		Do not wish to speak
	Support Nor Op	pose
(If you answered "n		anization or a person other than yourself:  Yes Another than yourself: Yes Another the rest of this form. If you answered "yes," provide the name question.)
Name, address and t	elephone number of eac	ch person or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
		d duties for this person or organization?  \[ \sum Yes  \sum No \]  It complete the rest of this form. If you answered "yes," go on to the nex
Speaking Limits:	Information Hearing	nmon Council) 5 minutes 5 3 minutes 3 minutes



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Date:

## **CITY OF MADISON**

Registrat	ion Statement - ַ	Common C	<u>ouncil</u>	
Please Print		PLEASE	PRINT NAME CLEARI	_ <b>Y</b>
Agenda No. 🔣		Name Address	Rissel Sanger 4701 Bob-0- Madison, u	
Please check the app	oropriate box:		Please check the a	ppropriate box:
Support Oppose		AND	]	vish to speak
Neither S	Support Nor Op	pose		
(If you answered "no of who you represent	and go on to the next o	t complete the rest juestion)	on other than yourself:  of this form. If you answere  zation you are representing:	
Are you being paid for	or your representation?			☐ Yes ☐ No
	s part of your other paid o," <b>STOP;</b> you need no		son or organization? of this form. If you answer	☐ Yes ☐ No ed "yes," go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minutes	



Date: 5/4/10
DO NOT WISH TO SPEAK FORM

# CITY OF MADISON

Registration S	tatement - <u>Common Council</u>	
Please Print		mindo Contreras
Agenda No. # 1	Address 201 Madi	5. HOOK St. SON, WI 53715
Please check the appropria	ate box: Please	check the appropriate box:
⊠ Support	AND D	Do not wish to speak
<b>Oppose</b>		
Neither Suppo	ort Nor Oppose	
(If you answered "no," STO of who you represent and go	resenting an organization or a person other than you person need not complete the rest of this form. If on to the next question.)  The number of each person or organization you are to the next question.	you answered "yes," provide the name
Are you being paid for your	representation?	☐ Yes ☐ No
Are you appearing as part of (If you answered "no," STO question.)	f your other paid duties for this person or organize <b>OP;</b> you need not complete the rest of this form. If	ation?
Info	lic Hearing (Common Council) 5 minutes rmation Hearing 3 minutes	



# DO NOT WISH TO SPEAK FORM

## **CITY OF MADISON**

Registrat	ion Statement -	COMMITTEE	Jouncil		
Please Print  Agenda No. 1		PLEAS Name Address	E PRINT NAME CI  JUDIN CI  1917 LO	LEARLY 2016) Re UKE POU	it or.
Please check the ap	propriate box:		Please chec	k the appropria	te box:
<ul><li>✓ Support</li><li>✓ Oppose</li></ul>		AND	] Do	not wish to	o speak
At this meeting are y (If you answered "no	Support Nor Op  you representing an orga o, "STOP; you need no t and go on to the next of	anization or a pers t complete the res	on other than yoursel	f: Yes answered "yes,"	│ No provide the name
Name, address and t	elephone number of eac			senting:	
1917 1917	Lake Porv	rt Or.	Whorhood	Center.	
Are you being paid i	for your representation?			☐ Yes	No
Are you appearing a (If you answered "n question.)	s part of your other paid o, "STOP; you need no	1 duties for this po of complete the re	erson or organization? st of this form. If you	Yes Yes answered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	<b>3</b>	3 minutes		



Date:			
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# DO NOT WISH TO SPEAK FORM

## **CITY OF MADISON**

Registrat	tion Statement -	Common C	Council	
Please Print  Agenda No.		Name	EPRINT NAME CLEA Kennet 105 W Madisan	Labo
Please check the ap			Please check th	e appropriate box:
<ul><li>✓ Support</li><li>✓ Oppose</li></ul>		AND	Do no	t wish to speak
At this meeting are y (If you answered "n of who you represen	o," <b>STOP;</b> you need no t and go on to the next	anization or a person to complete the reson question.)	on other than yourself: t of this form. If you ans ization you are represent	wered "yes," provide the name
Are you being paid	for your representation?			☐ Yes ☐ No
Are you appearing a (If you answered "n question)	is part of your other paid to," <b>STOP;</b> you need no	d duties for this pe ot complete the res	rson or organization? t of this form. If you ans	☐ Yes ☐ No wered "yes," go on to the nex
Speaking Limits:	Public Hearing (Con Information Hearing			

Date: <u>6-4-10</u>



# DO NOT WISH TO SPEAK FORM

## **CITY OF MADISON**

Registra	tion Statement -	Common C	<u>ouncil</u>						
<u>Please Print</u>		PLEASE PRINT NAME CLEARLY							
		Name	Terrance i	Weaver					
Agenda No.		Address	_10 Flagsto	gslaff court					
			madison u	11 53719					
Please check the ap	opropriate box:		Please check t	he appropriat	e box:				
🔀 Support		AND							
Oppose			M   Do no	ot wish to	speak				
Neither	Support Nor Op	pose							
(If you answered "n of who you represen	you representing an orga o," STOP; you need no tt and go on to the next q elephone number of eac	t complete the rest question)	of this form. If you ans	swered "yes," <sub>l</sub>	No provide the name				
Are you being paid	for your representation?			Yes	<b>□</b> Mo				
Are you appearing a (If you answered "n question.)	s part of your other paid o," <b>STOP;</b> you need no	duties for this pers t complete the rest	on or organization? of this form If you an	☐ Yes swered "yes,"	No go on to the next				
Speaking Limits:	Public Hearing (Con Information Hearing								