

Date: May 4,2000

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement	- Common Council
#18 <i>2</i> 25	PLEASE PRINT CLEARLY
Agenda No. 2 18225	Name Coall arght Address 4000 Inthone Madoran, at 53704
Please check one:	AND Please check:
Support	Available to answer
Oppose	questions
Neither Support Nor C	ppose
(If you answered "no," STOP ; you need of who you represent and go on to the new Name, address and telephone number of e	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name at question) each person or organization you are representing:
Are you being paid for your representation	n? Yes No
	aid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Heari	fommon Council) 5 minutes ing 3 minutes 3 minutes



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CITY OF MADISON

Registration Statement -	Common Council
	PLEASE PRINT CLEARLY
Agenda No. <u>2 /8225</u>	Name DAVE LENSEN Address DAWE COUNTY REGIONAL HIRM 4000 JURENATIONAL LAWE
Please check one:	AND Please check:
☐ Support☐ Oppose	Available to answer questions
Neither Support Nor Op	pose
of who you represent and go on to the next of	t complete the rest of this form. If you answered "yes," provide the name
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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.)	d duties for this person or organization? Yes No to complete the rest of this form If you answered "yes," go on to the next
	nmon Council) 5 minutes

(SEE BACK)