

Date: $\frac{5/4/10}{}$

WISH TO SPEAK FORM

CITY OF MADISON

Registration		ommon C	ouncil		,	·
Please Print #17	115	PLEASE	PRINT NA	ME CLEAF	RLY	
Agenda No. 17	7/5(-118)	Name Address	1. 1	Noff West 'son, Wi	enbe. Shore 153	rg Drive
Please check the appr	ropriate box:		Pleas	se check the	appropriate	box:
✓ Support✓ Oppose		AND		Wish to	o speak	
Neither S	upport Nor Oppose	e				
(If you answered "no,	u representing an organization "STOP; you need not compand go on to the next question	plete the rest			∑ Yes red "yes," p	☐ No provide the name
Name, address and tele	ephone number of each pers	son or organi	zation you are	e representin	g:	
League o	F Women Vo	Lers 07	f Da	ne Co	Junty	
2712 1	Naishall Cou-	-+			y 	
Madison, W/ phone 232-9447						
Are you being paid for	r your representation?	V			Yes	⊠ No
	part of your other paid duties " STOP; you need not comp				☐ Yes ered "yes," §	No go on to the next
Speaking Limits:	Public Hearing (Common of Information Hearing)		3 minutes			



Date: 5/4//0

WISH TO SPEAK FORM

CITY OF MADISON

Registrat	ion Statement -	Common Co	ouncil		
Please Print			PRINT NAME CLE	ARLY Wax	
Agenda No		Address _	1735 Bai	ed St	
Please check the app	propriate box:		Please check tl	1e appropriat	e box:
Support		AND	Wish	to speak	, .
Oppose	•			•	
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 quelephone number of each	t complete the rest of question.)	f this form. If you ans		□ No provide the name
Are you appearing as	or your representation? s part of your other paid o, "STOP; you need no	duties for this person	on or organization? of this form. If you an	Yes Yes Yes swered "yes,"	☐ No ☐ No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	minutes		



Date: 5/4/10

WISH TO SPEAK FORM

CITY OF MADISON

Registrat	tion Statement - ַ	Common Council
Please Print		PLEASE PRINT NAME CLEARLY
Agenda No. 17	715 Buhila	Name Linda Ketcham Address 813 Flora Ln Madison WI 53714
Please check the ap	propriate box:	Please check the appropriate box:
Support		AND Wish to speak
Oppose Neither	Support Nor Op	pose
(If you answered "n	you representing an orga o," STOP; you need no t and go on to the next q	mization or a person other than yourself: \(\sum_{Yes} \) No to complete the rest of this form If you answered "yes," provide the name mestion.)
· ·	-	h person or organization you are representing: Ministry 2300 S. Park St # 2022 Madison WI 53713
	for your representation?	Yes ☐ No I duties for this person or organization? ✓ Yes ☐ No
		duties for this person or organization? Yes No to the next complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

Date: 5-4-10



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement -	Common C	Council
Please Print		PLEASE	E PRINT NAME CLEARLY
Agenda No. <u>//8</u>		Name Address	MARY 6- SENNY 818 HAWATHA DR MADISON, CUI 53711
Please check the ap	opropriate box:		Please check the appropriate box:
Support Oppose		AND] \(\sum \) Do not wish to speak
Neither	Support Nor Op	pose	
(If you answered "n of who you represer	no," STOP; you need no nt and go on to the next o	ot complete the rest question.)	son other than yourself: Yes No st of this form. If you answered "yes," provide the nan nization you are representing:
Are you being paid	for your representation?		☐ Yes ☐ No
	as part of your other paid no," STOP; you need no		erson or organization? Yes No st of this form. If you answered "yes," go on to the ne
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	3	3 minutes

(SEE BACK)



DO NOT WISH TO SPEAK FORM

Date: _

CITY OF MADISON

Registra	tion Statement	Common Committee	ouncil		
Please Print Agenda No. 1) (118)	Name	PRINT NAME CLE Slonla Baco Madison	Me	yen T
Please check the ap Support Oppose		AND	Please check t		te box:
At this meeting are (If you answered "n of who you represen	Support Nor Opp you representing an organ o," STOP; you need not it and go on to the next qu elephone number of each	ization or a person complete the rest of sestion)	of this form. If you ans	swered "yes,"	□ No provide the name
Are you appearing a	for your representation? s part of your other paid of the contract of your need not	the state of the s		☐ Yes ☐ Yes swered "yes,"	√No
Speaking Limits:	Public Hearing (Comr Information Hearing. Other Items	3			

(SEE BACK)



DO NOT WISH TO SPEAK FORM

Date:

CITY OF MADISON

Registrat	ion Statement	Common Council	
Please Print Agenda No.	3	PLEASE PRINT NAME CLE Name Officer Address 22 Mig	ARLY fark, pewa G.
Please check the app Support Oppose Neither S	Support Nor Op	AND Do no	ne appropriate box: ot wish to speak
(If you answered "no of who you represent	," STOP; you need not and go on to the next q	nization or a person other than yourself: complete the rest of this form. If you ans uestion) h person or organization you are represen	
Are you appearing as	or your representation? part of your other paid "STOP; you need not	duties for this person or organization? t complete the rest of this form. If you ans	☐ Yes ☐No ☐ Yes ☐No swered "yes," go on to the next
Speaking Limits:		mon Council)5 minutes 3 minutes 3 minutes	

(SEE BACK)



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -__ **Common Council** Please Print PLEASE PRINT NAME CLEARLY Agenda No. Address Please check the appropriate box: Please check the appropriate box: Support AND Do not wish to speak **Oppose Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (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.)

(SEE BACK)

Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes

Speaking Limits: