

Date:	6/1/18

### **CITY OF MADISON**

Registrat	tion Statement -	Common C	ouncil		
_		COMMITTEE		A.	MA GONKWI
Please Print				ME CLEARLY	(
0	5	Name	Berta	Amore	2 Canzui
Agenda No		Address	1620	Monroe	st
			Madi	way WI.	537H
Please check o	one:	AND	Plea	se check:	
Support Support				Wish to S	peak
Oppose					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an organ, "STOP; you need not and go on to the next quellephone number of each	t complete the rest question.)	of this form I	f you answered	Yes
Are you being paid for	or your representation?				Yes No
Are you appearing as	part of your other paid				Yes  No  No  No  No  No  No  No  No  No  N
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		3 minutes		



Date: 6/1/10

## **WISH TO SPEAK FORM**

#### **CITY OF MADISON**

Registration Statemen	t - Common Co	ouncil	
Please Print  Agenda No95.	Name _	PRINT NAME CLEAF Richard Hild 1620 Monroe St	ner
Please check one:	AND	Please check	•
<b>Support</b>		Wish to	Speak
Oppose		,	
Neither Support Nor (	Oppose		
At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the need.  Name, address and telephone number of	! not complete the rest o ext question.)	f this form. If you answe	· · ·
Are you being paid for your representation  Are you appearing as part of your other part (If you answered "no," STOP; you need question)	oaid duties for this perso		Yes No Yes No red "yes," go on to the next
Information Hear	Common Council)5 ing		



Date:

#### **CITY OF MADISON**

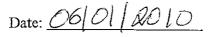
Registra	tion Statement -	Common C	ouncil		<del></del>
Please Print		PLEASE	PRINT NAI	WE CLEARLY	
Agenda No		Name Address	ROSAR 740 (	Mana C	<u>500</u> -N
Please check	one:	AND	Plea	se check:	
Support				Wish to Spe	ak
At this meeting are if	Support Nor Op  you representing an orga o," STOP; you need no at and go on to the next of	anization or a perso			·—
	relephone number of each	<del>-</del>	zation you are	representing:	
Are you being paid	for your representation?	,		☐ Ye	es 🔀 No
	s part of your other paid o," <b>STOP;</b> you need no				
Speaking Limits:	Public Hearing (Con Information Hearing				



Date: 6/1/10

### **WISH TO SPEAK FORM**

Registrati	on Statement -	Common C	ouncil	· · · · · · · · · · · · · · · · · · ·	
Please Print  Agenda No.	5		PRINT NA AMU 301 Madiso	MECLEARLY Selk Harbory Town Dr. M. WIL 53717	
Please check of	ne:	AND	Plea	ase check:	
Support Support			K	Wish to Speak	-
Oppose					
Neither S	upport Nor Op	pose			
(If you answered "no, of who you represent	ou representing an organ organ organ organ organ of the next questions of each of the next of each of each organ o	t complete the rest question.)	of this form.	If you answered "yes," provide the na	me 
			,		
Are you being paid fo	r your representation?			☐ Yes 📈 No	
	part of your other paid "STOP; you need no			zation? Yes No If you answered "yes, go on to the n	ext
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minutes		





#### **CITY OF MADISON**

Registrati	on Statement -	Common C	ouncil		
		COMMITTEE			
Please Print		PLEASE	E PRINT NA	ME CLEARLY	·
a	9	Name	DPE60	CAMPOVERD	<u>E</u>
Agenda No.		Address	5/5 D	onotrio Dr	<u>-,#7</u>
			Magiso	n, VVI-5540	<del>9</del>
Please check or	ne:	AND	Plea	se check:	
Support Support			X	Wish to Spea	ık
Oppose					
Neither S	upport Nor Op	pose			
(If you answered "no,	ou representing an organic of the second of the next of the next of the next of the next of each of the next of each of the next of the ne	t complete the resi question.)	of this form.	If you answered "yes	
Are you being paid fo	r vour representation?			☐ Yes	s XNo
			_		_
Are you appearing as (If you answered "no, question)	part of your other paid "STOP; you need no				
Speaking Limits:	Public Hearing (Con Information Hearing Other Items				



Date:	

#### **CITY OF MADISON**

Registration	Statement - <u>Co</u>	mmon Co	uncil			
•	СОМ	MITTEE				
Please Print		PLEASE P	RINT NAM	IE CLEAF	RLY	
Agenda No. 95	-	Name Address	2120 Ma	y Br JE. M disan,	euni lain s	3 4 5 3 7 5 3 7 0 4
Please check one:		AND	Pleas	se check	•	
<b>Support</b>	la			Wish to	Speak	
Oppose						
Neither Sunr	ort Nor Oppose					
At this meeting are you rep (If you answered "no," ST of who you represent and g Name, address and telepho	OP; you need not compage on to the next question	lete the rest of n.)	this form. If	'you answei		☐ No or ovide the name
			, , , , , , , , , , , , , , , , , , ,			
Are you being paid for you	r representation?				Yes	□ No
Are you appearing as part of (If you answered "no," ST question)					Yes red "yes,"	☐ No go on to the next
Info	olic Hearing (Common Cormation Hearing	3 n	ninutes			



Date:	

Registration Stateme	ent - Common Co	ouncil
_	COMMITTEE	TAVASA TEYER HILOW
Please Print	PLEASE I	PRINT NAME CLEARLY
Agenda No.	NameAddress	Jerua Tellez. Gira
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support No	r Oppose	
At this meeting are you representing (If you answered "no," STOP; you not who you represent and go on to the Name, address and telephone number	need not complete the rest on ext question.)	of this form. If you answered "yes," provide the name
Are you being paid for your represen	tation?	☐ Yes ☐ No on or organization? ☐ Yes ☐ No
Are you appearing as part of your oth (If you answered "no," STOP; you requestion.)	ner paid duties for this person need not complete the rest of	on or organization?
	g (Common Council)5 Hearing	



Date:	

#### **CITY OF MADISON**

Registrati	on Statement -	Common C	ouncil	<u> </u>		
Please Print  Agenda No		PLEASE Name Address	EPRINT NA JENONI 5005 Mad	ME CLEAR Ca la - Oak USor	20	lley Dr 5 53704
Please check or	ne:	AND	Plea	se check:		
<b>Support</b>				Wish to	Speak	
Oppose						
Neither S	upport Nor Op	pose				
At this meeting are you (If you answered "no, of who you represent to Name, address and tel	" STOP; you need no and go on to the next of	t complete the rest question.)	of this form.	If you answer		No provide the name
Are you being paid fo	r your representation?		-		☐ Yes	No
Are you appearing as (If you answered "no, question)					☐ Yes red "yes, "	No go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	<u> </u>	3 minutes			



#### **CITY OF MADISON**

Registration Statement -	Common C	Council
Agenda No	PLEASE Name Address	EPRINT NAME CLEARLY  BARBARA Wright  1912 Atwood Are # 201  Mahron WI
Please check one:	AND	ি Please check:
<b>⊠</b> Support		<b>▽</b> Wish to Speak
Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest question)	t of this form. If you answered "yes," provide the name
Are you being noid for your representation?		☐ Yes 🕅 No
Are you being paid for your representation?  Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	l duties for this pers	
Speaking Limits: Public Hearing (Com Information Hearing Other Items		.3 minutes



Date:	10/	1/	2010	

#### **CITY OF MADISON**

Registration Statement	Council		
	COMMITTEE		
Please Print	PLEASE	PRINT NAME CLEARLY	
Agenda No. 95	Name Address	Beth Huang 10 Gerry Ct., Apt B Madison, WI 53715	
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose			
Neither Support Nor O	ppose		
At this meeting are you representing an or (If you answered "no," STOP; you need to of who you represent and go on to the nex Name, address and telephone number of e	not complete the rest t question.)	t of this form. If you answered "yes," provide the	name
			<del></del>
Are you being paid for your representation	n?	Yes No	
Are you appearing as part of your other pa (If you answered "no," STOP; you need a question.)	nid duties for this per not complete the res	rson or organization? Yes No No to this form. If you answered "yes," go on to the	ıe next
Information Hearin	ommon Council)	3 minutes	



Registration Statement -	COMMITTEE	<u>ouncil</u>		
Please Print	PLEASE	PŖĮŅT NAME CLĮ	<b>EARLY</b>	
Agenda No. 95	Name _ Address _	Celia 32050	Surey	Ave
Please check one:	AND	Please che	eck:	
Support		Wis	h to Speak	
Oppose				
Neither Support Nor Op	pose			
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each	ot complete the rest ( question)	of this form. If you ar	iswered "yes,"	No provide the name
****				
Are you being paid for your representation?	,		Yes Yes	No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	1 duties for this person complete the rest	on or organization? of this form. If you a	Yes nswered "yes,"	No go on to the next
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	3	3 minutes		



Date: 6/1/20)

### **WISH TO SPEAK FORM**

#### **CITY OF MADISON**

Registration Statement -	Common C	Council
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No.	Name Address	Laura Berger 3318 Gregory St.
Please check one:	AND	Please check:
<b>⊠</b> Support		Wish to Speak
Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest question.)	st of this form. If you answered "yes," provide the nam
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.)	l duties for this per t complete the rest	erson or organization?  Yes No st of this form. If you answered "yes," go on to the nex
Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes



### **CITY OF MADISON**

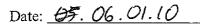
Registration Statement -	COMMITTEE	Council
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No. 95	Name Address	Fesnando Cano 312 East Bluff Madison WI
Please check one:	AND	Please check:
<b>⊠</b> Support		Wish to Speak
Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an organized (If you answered "no," STOP; you need not of who you represent and go on to the next of Name, address and telephone number of each	ot complete the rest question)	st of this form. If you answered "yes," provide the name
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid	d duties for this per	
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	<b>.</b>	3 minutes



Date:	

#### **CITY OF MADISON**

Registration	on Statement -	Common C	ouncil		·
Please Print  Agenda No.		PLEASE Name Address	PRINT NA Degiv 3107 Mad	MECLEARLY 1dn Riù Maple 6 1500 WI	ns mue Dr
Please check on	e:	AND	Plea	ise check:	
<b>⊠</b> Support				Wish to Spea	ık
Oppose					
Neither Su	ipport Nor Op	pose			
At this meeting are you (If you answered "no, of who you represent a Name, address and tele	" STOP; you need no and go on to the next o	t complete the rest question)	of this form.	If you answered "yes	<del></del>
Are you being paid for			· ·	Yes	
Are you appearing as p (If you answered "no," question.)	San on your other paid "STOP; you need no	ot complete the res	t of this form.	zation? Yes  If you answered "yes	
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	·			





Registration Statemen	t - Common C	Council		
Please Print		T DOINT NAME OF	CADLY	
		E PRINT NAME CL		
<i>0</i> -	Name	JON HAWKINS		
Agenda No. <u>95</u>	_ Address	1718 REETZ R	30	
		MADISON W	II 53711	
Please check one:	AND	Please ch	eck:	
Support		Wis	h to Speak	
Oppose				
Neither Support Nor	Oppose			
At this meeting are you representing an (If you answered "no," STOP; you need of who you represent and go on to the no Name, address and telephone number of	l not complete the rest ext question)	t of this form. If you a	nswered "yes," p	☑ No orovide the name
Are you being paid for your representati	on?		Yes	₩o
Are you appearing as part of your other (If you answered "no," <b>STOP</b> ; you need question)			☐ Yes answered "yes," ;	No go on to the next
Information Hea	Common Council)	3 minutes		



Registrat	ion Statement -		ouncil		
Please Print		PLEASE	ROO Pri PRINT NA	udencio ME CLEARLY	Oyarbride ???
Agenda No.	)5	Name Address	Prude 6014	ncio ( o/s 4 iadiron -	Oyal bride idd/z For Kil wite:
Please check o	ne:	AND	Plea	se check:	
<b>Support</b>			Ź	Wish to Sp	<b>ea</b> k
Oppose					
Neither S	Support Nor O	ppose			
(If you answered "no of who you represent	ou representing an orgo," STOP; you need n and go on to the next elephone number of each	ot complete the rest question.)	of this form.	If you answered '	Yes 🚺 No 'yes," provide the name
Are you appearing as	or your representation	id duties for this per	son or organi	zation?	Yes No Yes No "yes no on to the next
(If you answered no question)	, SIOF; you need h	oi compiete the res	i oj inis jorm.	1) you unswereu	"yes," go on to the next
Speaking Limits:	Public Hearing (Co Information Hearin Other Items	g			



Date:	

Registration Statement	Common Council
mi mi	CONNITTEE
Please Print	PLEASE PRINT NAME CLEARLY
SPEAK OUT ON	Name SHARYL KATO.
Agenda No. Defection	Address 206E, WINNEQUAP) RP
ADDONAL COPPICAL	MADESON, WI
Please check one:	AND Please check:
Support	Wish to Speak
Oppose	
Neither Support Nor Op	pose
of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
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)	I duties for this person or organization? Yes No No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes



Date:	6/	10
	[ ]	

Registration Stateme	nt - Common Co	ouncil
Please Print		PRINT NAME CLEARLY
Agenda No	NameAddress	Rob heurs 405 South Few St
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor	· Oppose	
At this meeting are you representing a (If you answered "no," STOP; you ne of who you represent and go on to the Name, address and telephone number	red not complete the rest of next question.)	of this form. If you answered "yes," provide the name
Are you being paid for your representa	ation?	☐ Yes ☐ No
Are you appearing as part of your othe (If you answered "no," STOP; you ne question)		on or organization?
	g (Common Council) 5 earing	



Date: June 1, 2010

### **WISH TO SPEAK FORM**

#### **CITY OF MADISON**

Registrati	on Statement	COMMITTEE	<u>ouncil</u>		
Please Print  Agenda No. 95		PLEASE Name Address	Martha E	lger Lanes	
Please check or	ne:	AND	Pleas	se check:	
Support				Wish to Speak	
At this meeting are you (If you answered "no, of who you represent	upport Nor Oppout representing an organ. "STOP; you need not and go on to the next quelephone number of each	nization or a perso complete the rest uestion.)	of this form. If	fyou answered "yes,"	No provide the name
Are you appearing as	r your representation?  part of your other paid  "STOP; you need not  Public Hearing (Com Information Hearing	mon Council)	of this form. If  5 minutes	☐ Yes ation? ☐ Yes If you answered "yes,"	□ No □ No ' go on to the next



Date:	
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### **CITY OF MADISON**

Registrati	on Statement	COMMITTEE	ouncil	<del></del>	·
Please Print				ME CLEARLY	
Agenda No. An(7	owa Robotowa	Name _ Address _	ALEK 21 6.	GICLIS WILSOW	
Please check or	ne:	AND	Plea	se check:	
Support				Wish to Speak	<b>K</b>
Oppose					
Neither S	upport Nor Opp	ose			
(If you answered "no, of who you represent  Name, address and tel	ou representing an organi "STOP; you need not cand go on to the next que	omplete the rest estion.)  person or organiz	of this form.	If you answer <sup>'</sup> ed <sup>)</sup> "yes,"	☐ No ' provide the name
JMMI COMAU	4 Wonara	s Unic	94		
				MICHINA CONTRACTOR CON	
Are you being paid fo	r your representation?			☐ Yes	N₀
	part of your other paid d "STOP; you need not c				☐ No " go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items		3 minutes		



#### CITY OF MADISON

ARMA GONKI

**Common Council** Registration Statement - \_ COMMITTEE Please Print PLEASE PRINT NAME CLEARLY Agenda No. Address AND Please check one: Please check: Wish to Speak **Support 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: Are you being paid for your representation? ☐ Yes Are you appearing as part of your other paid duties for this person or organization? Yes (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

(SEE BACK)

Other Items 3 minutes



Date:	6	Ш	12010

Registration Statem	nent - Common C	Council	
Please Print	PLEASE	E PRINT NAME CLEARLY	
Agenda No. 95	Name Address	Sarah Mazzie-Briscoe 526 S. Orchard St	
Please check one:	AND	Madison, wit 53'715  Please check:	
Support		Wish to Speak	
Oppose  Neither Support No.  At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to the	g an organization or a personeed not complete the rest	on other than yourself:	ne name
Name, address and telephone numb	er of each person or organi		
Are you being paid for your represe		☐ Yes ☐ No	
Are you appearing as part of your o (If you answered "no," STOP; you question.)	ther paid duties for this per need not complete the rest	arson or organization? Yes No st of this form. If you answered "yes," go on to	the next
Information	ing (Common Council) Hearing	.3 minutes	



#### **CITY OF MADISON**

Registration S	Statement - <u>Co</u>	mmon C	ouncil		
_	СОМ	MITTEE			
Please Print		PLEASE	PRINT NAME CLEA	RLY	
Agenda No. 75		Name Address	Muxwell love NoSZ St Road	//3	
			holl, WI B	~	
Please check one:		AND	Please check	<b>Κ:</b>	
<b>Support</b>			Wish t	o Speak	
Oppose					
Neither Supp	ort Nor Oppose				
At this meeting are you represent and good who you represent and good Name, address and telephone	OP; you need not compose on to the next question	lete the rest n.)	of this form. If you answe	ered "yes," pi	No rovide the name
Are you being paid for your	representation?			Yes	<b>⊘</b> ₩0
Are you appearing as part of (If you answered "no," SToquestion)				☐ Yes ered "yes," g	No go on to the next
Info	lic Hearing (Common C rmation Hearing		3 minutes		



Date:	6	1	10

Registrati	on Statement -	Common C	ouncil	
Please Print  Agenda No.	15	PLEASE Name	Ann Z 729 T	t .
Please check or	ie:	AND		ase check:
Support Oppose				Wish to Speak
At this meeting are yo	" STOP; you need no	ganization or a perso ot complete the rest	_	yourself:
Name, address and tel	ephone number of ea	ch person or organi	zation you are	e representing:
Are you being paid for				☐ Yes     No
Are you appearing as (If you answered "no, question)				zation?
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	g		



Date: 6/1/10

### **WISH TO SPEAK FORM**

Registration Stateme		Council
	COMMITTEE	
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No.	Name Address	Brenda Gonzalez
	TAMATON	Madison, W1 53705
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support No	r Oppose	
At this meeting are you representing (If you answered "no," STOP; you no of who you represent and go on to the Name, address and telephone number	need not complete the resi e next question.)	st of this form. If you answered "yes," provide the name
Are you being paid for your represen	tation?	☐ Yes ☐ No
Are you appearing as part of your oth (If you answered "no," STOP; you requestion.)	ner paid duties for this peneed not complete the res	erson or organization? Yes No st of this form If you answered "yes," go on to the next
Information F	ng (Common Council)  Hearing	3 minutes



Date: 1 / 1/2 / 0
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Registration	Statement	COMMITTEE	ouncil			
Please Print		DI EASE	PRINT NA	ME CLEA	DI V	·
Agenda No \( \frac{\gamma}{2} \)	5	Name Address	Dave 645 S Madiso	Carr Kyvie h, W.	19 My, #	-/8 -7/3
Please check one	:	AND	Plea	ise check	<b>K:</b>	
Support			Z	Wish t	o Speak	
Oppose						
Neither Suj	pport Nor Opp	pose				
At this meeting are you of the you answered "no," of who you represent and Name, address and telep	STOP; you need not d go on to the next quant to	complete the rest uestion.)	of this form.	If you answe		provide the name
Are you being paid for y  Are you appearing as pa  (If you answered "no," a  question.)		duties for this per	son or organi	zation? If you answ	☐ Yes ☐ Yes vered "yes,"	No No go on to the next
I	Public Hearing (Com nformation Hearing Other Items	· . · · ·	3 minutes			

Date: 6 | 0

#### **CITY OF MADISON**

### Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print			NT NAME CLEA		
Agenda No. 95		Name Z! Address 12	Haukeness 27 Spaight St adison WI S	r #1 3703	
Please check the appr	opriate box:		Please check the	appropriat	e box:
Support Oppose Neither Sup	oport Nor Oppose	AND	Wish to speal Do not wish to Available to	to speak	ions
(If you answered "no,' of who you represent a	n representing an organization of the companies of the co	olete the rest of thi on.)	is form. If you answ		☐ No provide the name
				·	
Are you being paid for	your representation?			Yes	No.
	art of your other paid duties ' <b>STOP;</b> you need not comp			☐ Yes vered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Common of Information Hearing	3 min	utes		



Date:	

### **CITY OF MADISON**

Registration Statement -	Common C	Council		
Please Print  Agenda No.	PLEASE Name Address	PRINT NAME JOSEI 3783 Cottage	_ / (' k	il & L WI5352
Please check one:	AND	Please	check:	
Support			Wish to Speak	ζ.
Oppose				
Neither Support Nor Op	ppose			
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of each	ot complete the rest question.)	of this form. If y	ou answered "yes,"	No "provide the name
Are you being paid for your representation	?		Yes	∑N₀
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.)	d duties for this per ot complete the res	son or organizatit of this form. If y	ion?	No go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	g	3 minutes		



Date: 6/1/2010

### **WISH TO SPEAK FORM**

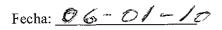
Registration	on Statement	Common Co	uncil		
Please Print			RINT NAME CL	.EARLY	
Agenda No	75	Name Address	PATRICK 1121 Madi	Evin Str Son, WI	53715
Please check or	ne:	AND	Please ch	eck:	
Support			Wis	h to Speak	
Oppose			,		
Neither S	upport Nor Opp	oose			
At this meeting are you (If you answered "no, of who you represent of whom, address and telessand telessan	" STOP; you need not und go on to the next qu	complete the rest of uestion.)	this form. If you as	nswered "yes," pr /	No pvide the name
					——————————————————————————————————————
Are you being paid for	your representation?			∐ Yes	X No
Are you appearing as partial (If you answered "no, question)	part of your other paid "STOP; you need not	duties for this person complete the rest of	n or organization? Tthis form. If you a	☐ Yes / Inswered "yes," go /	No on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3 r	minutes		



Date: JUNE1, 2010

### **WISH TO SPEAK FORM**

Registration St		ommon (	Council			
Please Print			E PRINT N	NAME CLEA	ARI Y	
Agenda No. <u>95</u>		Name	PAT SI			+ AUE
Please check one:		AND	Pl	ease chec	k:	
Support				<b>∀Wish</b> 1	to Speak	
<b>Oppose</b>						
At this meeting are you represe (If you answered "no," STOF of who you represent and go of who you represent and go of whom you repr	; you need not com on to the next questi	iplete the resi ion)	t of this forn	n. If you answ		☐ No or ovide the name
				APPAR		
Are you being paid for your re	epresentation?				Yes	Ľ√No
Are you appearing as part of y (If you answered "no," STOP question.)					Yes vered "yes," g	No go on to the next
Inform	Hearing (Common ation Hearing	***************************************	3 minutes			





### FORMULARIO DE CONSENTIMIENTO PARA HABLAR

Declaración de inscripci	ón: <u>Concejo C</u>	omún	
Escriba con letra de imprenta		SU NOMBRE PROLIJA A DE IMPRENTA	MENTE
N.º de agenda <u>95</u>	Dirección 🔟	SILVIA ROS. 140 GORDANIE 4ADISON WI	e view DR
Marque una:	Y	Marque:	
A favor		Deseo h	ablar
En contra			
Ni a favor ni en contra			•
En esta reunión, representa a una organizad (Si respondió "no", <b>DETÉNGASE</b> ; no estel nombre de quien representa y continúe de Nombre, dirección y número de teléfono de	necesario que comp con la siguiente preg	lete el resto del formulario gunta)	
¿Recibe una remuneración por realizar la r	epresentación?		Sí No
¿Viene en cumplimiento de otras tareas rer (Si respondió "no", <b>DETÉNGASE</b> ; no continúe con la siguiente pregunta).	nuneradas por esta p es necesario que c	persona u organización? Complete el resto del forn	☐ Sí ☐ No nulario. Si respondió "sí",
Audiencia informat	(Concejo Común)	3 minutos	



Fecha: 06/01/10

### FORMULARIO DE CONSENTIMIENTO PARA HABLAR

Declaración de inscripc	ión: <u>Concejo Co</u>	<u>omún</u>
Escriba con letra de imprenta		U NOMBRE PROLIJAMENTE A DE IMPRENTA
N.º de agenda 95	Nombre	Rosa Rosales
Marque una:	Y	Marque:
A favor		Deseo hablar
<b>En contra</b>		
Ni a favor ni en contra		
En esta reunión, representa a una organiz (Si respondió "no", <b>DETÉNGASE</b> ; no el nombre de quien representa y continúe.  Nombre, dirección y número de teléfono.	s necesario que compl con la siguiente pregi	ete el resto del formulario Si respondió "sí", indique unta)
¿Recibe una remuneración por realizar la	representación?	☐ Sí ☐No
¿Viene en cumplimiento de otras tareas r (Si respondió "no", <b>DETÉNGASE</b> ; no continúe con la siguiente pregunta).	emuneradas por esta po o es necesario que co	ersona u organización? Sí Ano complete el resto del formulario. Si respondió "sí",
Audiencia inform	a (Concejo Común) 5 nativa 3	3 minutos



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Fecha:	6	01	10

# FORMULARIO DE CONSENTIMIENTO PARA HABLAR

Declaració	ón de inscripció	n: <u>Concejo C</u>	Común			
		COMITÉ				
Escriba con letra de in	nprenta		SU NOMBR RA DE <sub>J</sub> IMPR		MENTE	~-
N.º de agenda	75	Nombre _ Dirección _	Techn 1110 N Madis	o R. A -Thor	ND800 HB14	N DY 3704
Marque una:		Y	Mar	que:		·
X A favor			X	Deseo h	ablar	
<b>En contra</b>	ı					
Ni a favor	ni en contra					
(Si respondió "no", D el nombre de quien re	senta a una organizacio DETÉNGASE; no es no presenta y continúe co número de teléfono de	ecesario que comp n la siguiente pres	olete el resto d gunta)	lel formulario		
		F				
	nción por realizar la rep				☐ Sí	No No
¿Viene en cumplimier (Si respondió "no", continúe con la siguie	nto de otras tareas remo <b>DETÉNGASE</b> ; no estante pregunta).	uneradas por esta s necesario que	persona u orga complete el re	mización? esto del form	∏ Sí nulario Si	LNO respondió "sí",
Límites para hablar:	Audiencia pública (C Audiencia informativ Otros	/a	3 minutos			



Fecha:	_
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### FORMULARIO DE CONSENTIMIENTO PARA HABLAR

Declaración de inscripció	n: <u>Concejo Cor</u>	nún	
Escriba con letra de imprenta		NOMBRE PROL DE IMPRENTA	JAMENTE
N.º de agenda 95	Nombre Dirección	icia Na 15 Burd adison i	xt ette C1 N. 53713
Marque una:	Y	Marque:	
A favor		Dese	o hablar
<b>En contra</b>		·	
Ni a favor ni en contra			
En esta reunión, representa a una organizació (Si respondió "no", <b>DETÉNGASE</b> ; no es no el nombre de quien representa y continúe co	ecesario que complete n la siguiente preguni	e el resto del formula ta)	
Nombre, dirección y número de teléfono de	cada una de las persol	ias u organizaciones	s que representa.
		<del></del>	
¿Recibe una remuneración por realizar la rep	presentación?		□ Sí 🕱 No
¿Viene en cumplimiento de otras tareas rema (Si respondió "no", <b>DETÉNGASE</b> ; no es continúe con la siguiente pregunta).			
Audiencia informativ	Concejo Común) 5 m va 3 m 3 m	inutos	



FORMULARIO DE CONSENTIMIENTO
PARA HABLAR

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Declaracio	ón de inscripción	n: <u>Concejo Co</u>	mún		·
Escriba con letra de in	nprenta			E PROLIJAMENTE ENTA	
N.º de agenda	75	Nombre Dirección	<u> Tanci</u> 162 (	1 karristo Voodside	10 Z Ter
Marque una:		Y	Marc	que:	
A favor	_		$\boxtimes$	Deseo hablar	
<b>En contra</b>	ı				
Ni a favor	r ni en contra				
(Si respondió "no", <b>D</b> el nombre de quien re	senta a una organización <b>PETÉNGASE;</b> no es neo presenta y continúe con número de teléfono de ca	cesario que comple la siguiente pregui	te el resto de nta).	l formulario. Si respor	
¿Recibe una remunera	sción por realizar la repr	esentación?		☐ Sí	□ No
¿Viene en cumplimier (Si respondió "no", continúe con la siguie	nto de otras tareas remur <b>DETÉNGASE</b> ; no es nte pregunta)	neradas por esta per necesario que con	rsona u organ Inplete el re	nización? 🔲 Sí sto del formulario Si	No i respondió "sí",
Límites para hablar:	Audiencia pública (Co Audiencia informativa				

(CONSULTE EL REVERSO)

Otros......3 minutos



### FORMULARIO DE CONSENTIMIENTO PARA HABLAR

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Declaraci	ón de inscripció	n: <u>Concejo C</u>	omún	·	
Escriba con letra de in	<u>nprenta</u>	ESCRIBA :		RE PROLIJAMENT	ELACHET
N.º de agenda	7.5	Nombre Sirección	sand1	a Ryk	ELACHET sa Chek
Marque una:		Y	Mai	rque:	
A favor			X	Deseo hablar	•
En contra  Ni a favor	n r ni en contra				
(Si respondió "no", L el nombre de quien re	senta a una organizació DETÉNGASE; no es ne presenta y continúe con número de teléfono de c	ecesario que comp n la siguiente preg	lete el resto d unta).	lel formulario. Si resp	oondió "sí", indique
	Tamoro do telefono de C	ada una de las per	sonas u organ	nzaciones que repres	enta.
¿Recibe una remunera	ción por realizar la rep	resentación?		☐ Sí	No No
¿Viene en cumplimier (Si respondió "no", continúe con la siguie	nto de otras tareas remu <b>DETÉNGASE</b> ; no es nte pregunta)	meradas por esta p necesario que co	ersona u orga omplete el re	nización? 🔲 Sí esto del formulario	No Si respondió "sí",
Límites para hablar:	Audiencia pública (C Audiencia informativ Otros	a			



Date:	6/	1/10	
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### **WISH TO SPEAK FORM**

Registratio	n Statement		Council			
		COMMITTEE				
Please Print		PLEAS	E PRINT NA	ME CLEAF	RLY	
Agenda No. 95		Name	TIA TA			
Agenda No ? O	_	Address	1622 1		*- W W 1.11	
			Madison	, WI S	3711	
Please check one	e:	AND	Plea	se check	•	
Support Oppose	of speaking			Wish to	Speak	
Oppose \(\gamma\)	<i>10</i> .					
Neither Su	pport Nor Oppo	ose				
At this meeting are your (If you answered "no," of who you represent and Name, address and telep	STOP; you need not co d go on to the next que	omplete the res stion.)	t of this form. I	If you answer	, -	∑ No provide the name
1972						
Are you being paid for y	our representation?				☐ Yes	☐ No
Are you appearing as par (If you answered "no," Squestion)					☐ Yes red "yes," ;	☐ No go on to the next
In	ublic Hearing (Common formation Hearing Sther Items		3 minutes			



Date: 6-1-12

### DO NOT WISH TO SPEAK FORM

#### **CITY OF MADISON**

Registration Statement -	Common Co	ouncil					
Please Print	PLEASE,	PRINT NAME CLEARLY					
Agenda No.		Uara frox 640 W. Badgor Rd. Us					
Please check one:	AND	Please check:					
<b>∑</b> Support		Do not wish to speak					
Oppose							
Neither Support Nor Oppose							
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest of question.)	of this form. If you answered "yes," provide the name					
Could you plea	se allr	whlittle Time 5					
Are you being paid for your representation?		☐ Yes ☐ No					
Are you being paid for your representation?  Are you appearing as part of your other paid duties for this person or organization?  Yes No  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 (Com Information Hearing Other Items	,	3 minutes					

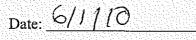
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Date: <u>6/1/10</u>

### DO NOT WISH TO SPEAK FORM

Registra	tion Statement	Common Co	<u>uncil</u>					
<u>Please Print</u>		PLEASE F	PRINT NAME CLE	ARI Y				
Agenda No. Res	95	Name	Zason Di 2015 Woodvie Modison	Roche				
Please check of	one:	AND	Please chec	: <b>k:</b>				
Support Oppose			Do not	wish to speak				
	Neither Support Nor Oppose							
(If you answered "no of who you represen	you representing an organo," STOP; you need not t and go on to the next quelephone number of each	complete the rest of uestion)	this form. If you ansv		e name			
Are you being paid f	for your representation?			☐ Yes ☐ No				
	s part of your other paid o," STOP; you need not	- 15, 15, 16, 18, 18, 18, 18, 18, 18, 18, 18, 18, 18		☐ Yes ☐ No wered "yes," go on to t	he next			
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 r	ninutes					





### DO NOT WISH TO SPEAK FORM

#### **CITY OF MADISON**

Registra	tion Statement -	Common	<u>Council</u>		
Please Print  Agenda No.	15	化基金管管电管电路管管电路管 经收益帐户 医多种皮肤	EPRINT NAME CLE Sandra C 1606 Forde Madison i		# WS
Please check		AND	Please che		
<ul><li>☐ Oppose</li><li>☐ Neither</li></ul>	Support Nor Op	pose			
(If you answered "n of who you represen	t and go on to the next q	t complete the res uestion.)	on other than yourself:  t of this form. If you ans  ization you are represen		□ No ' provide the name
Are you appearing a	for your representation? s part of your other paid o," STOP; you need not		rson or organization? It of this form. If you ans	☐ Yes ☐ Yes wered "yes,"	□ No □ No " go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		.3 minutes		

(SEE BACK)



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#### **CITY OF MADISON**

Registra	tion Statement -	Common Co	ouncil		
Please Print  Agenda No.	ONDY Imigratian Policy	PLEASE Name Address	PRINT NAME CLE  ROUGH  STORE  FICH BURG	ARLY SSD SOMMU 3, WY	Kleins Luare 537 II
Please check	one:	AND	Please chec	:k:	
Support Support			Do not	t wish to s	peak
Oppose					
(If you answered "n of who you represen	you representing an orga o," <b>STOP;</b> you need not t and go on to the next q elephone number of eacl	complete the rest o uestion.)	f this form. If you ans		<u>G</u> No provide the name
Are you being paid f	or your representation?			☐ Yes	□No
	s part of your other paid o, " <b>STOP;</b> you need not			Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items		minutes		

(SEE BACK)

Date: 1-2010



### DO NOT WISH TO SPEAK FORM

Registration Statement	- Common C	ouncil	
Please Print	_ PLEASE	PRINT NAME CLEARLY	
Agenda No. Υ	- Address _	LUIS SORIA L. 2018 GREENWAY CROSS H FITCHBURG W1. 537	15 15
Please check one:	AND	Please check:	
Support Oppose Neither Support Nor C	)ppose	Do not wish to speak	
At this meeting are you representing an or (If you answered "no," STOP; you need of who you represent and go on to the next Name, address and telephone number of e	not complete the rest of question.)	of this form. If you answered "yes," provide the nar	ne
Are you being paid for your representation	n?	☐ Yes ☐ No	
Are you appearing as part of your other pa (If you answered "no," STOP; you need question.)		son or organization?	xt
Information Heari	ommon Council)5 ng3	3 minutes	



Date:	6-1-	10
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## DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Committee	ouncil						
Please Print								
	PLEASE	PRINT NAME CLEA	ARLY					
	Name	ROSEMARY	LEE					
Agenda No75	Address _	11 le luison	Ŋ					
		53703						
Please check one:	AND	Please chec	<b>k:</b>					
Support		Do not	wish to	speak				
Oppose								
Neither Support Nor Oppose								
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next q. Name, address and telephone number of each	t complete the rest of question.)	of this form. If you answ		provide the name				
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.)	duties for this perso t complete the rest o	on or organization? of this form. If you answ	☐ Yes vered "yes,"	☐ No go on to the next				
Speaking Limits: Public Hearing (Com- Information Hearing Other Items	3	minutes						



### DO NOT WISH TO SPEAK FORM

Registration Statem	nent - Common Co	uncil	
Please Print  Agenda No. 95	Name <u>L</u>	PRINT NAME CLEARLY USO Comero 1513 W. Shennon Au	
Please check one:	AND	Please check:	
Support Oppose Neither Support No	or Oppose	Do not wish to speak	
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to to Name, address and telephone numbers.	need not complete the rest of he next question)	this form. If you answered "yes," provide the nam	ne
그리다 하는데 그 아이 사람들은 사람들이 가입니다. 그리는 사람들은 그들은 그들은 그리고 있다면 하는데 되었다.	ther paid duties for this persor	☐ Yes ☑ No n or organization? ☐ Yes ☑ No f this form. If you answered "yes," go on to the ne	xt
Information	ng (Common Council) 5 n Hearing 3 n3 n	ninutes	



Date: 6/1/10

## DO NOT WISH TO SPEAK FORM

Registration Statement -	Common C	<u>ouncil</u>							
<u>Please Print</u>									
	PLEASE	PRINT NAME CLEARLY							
ac.	Name _	Heidi M. Wegleitner							
Agenda No.	Address _	1941 E Dayton St							
		Madison, WIS3704							
Please check one:	AND	Please check:							
Support		Do not wish to speak							
Oppose									
Neither Support Nor O									
At this meeting are you representing an org (If you answered "no," STOP; you need not of who you represent and go on to the next Name, address and telephone number of ea	ot complete the rest of question)	of this form. If you answered "yes," provide the name							
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.)		on or organization?							
Information Hearing	mmon Council) 5 23	minutes							



## DO NOT WISH TO SPEAK FORM

Date: 6/1/2010

Registrati	on Statement -	Common Co	ouncil		
<u>Please Print</u>		PLEASE	PRINT NAME CLE	ΔΡΙ Υ	
Agenda No.	95		Marij Loz Rolelo E. Madison		nan 1501 ST. 704
Please check of	ne:	AND	Please chec	<b>k:</b>	
Support			Do not	wish to	speak
Oppose					
(If you answered "no, of who you represent	ou representing an orga "STOP; you need not and go on to the next q ephone number of eac	t complete the rest of uestion.)	this form. If you answ		No provide the name
Are you being paid for				☐ Yes	ÙNo
	part of your other paid "STOP; you need not			☐ Yes vered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	31	ninutes		

Date: 6-1-10



## DO NOT WISH TO SPEAK FORM

Registratio	n Statement	Common (	Council		
Please Print					
		sina kindin Kalabata Kabat	E PRINT NAME CLE		
		Name	Mary ANG	lim	
Agenda No. 95		Address	2134 E V	v ashingt	on Av
			Mary Ang Z134 E U Madison w	i 53704	
Please check one		AND	Please chec	:k:	
<b>⊠</b> Support			Do not	t wish to spea	ìk
Oppose					
Neither Sur	port Nor Opp	ose			
At this meeting are you in (If you answered "no," If you are not you are not you answered "no," If you are not you	STOP; you need not c I go on to the next que	omplete the rest estion)	of this form. If you answ		No ide the name
Are you being paid for you	our representation?			☐ Yes ☐	No
Are you appearing as par (If you answered "no," S question.)					No n to the next
In	ıblic Hearing (Comm formation Hearing ther Items.		3 minutes		

Fecha: 6/01/10



### FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

Declaració	n de inscripción:		ún		
Escriba con letra de im	<u>prenta</u>	CON LETRA DE			
N.º de agenda	35	Nombre 19	Licio- 17 Lak	lor ef	res
Marque una:		Y	Marque:		
A favor			No deseo	hablar	
<b>En contra</b>					
Ni a favor	ni en contra				
(Si respondió "no", <b>D</b> i	enta a una organización o E <b>TÉNGASE;</b> no es neces presenta y continúe con lo	sario que complete e	l resto del formulario.	☐ Sí Si respond	₩No dió "si", indique
Nombre, dirección y m	úmero de teléfono de cad	a una de las personas	s u organizaciones que	e representa	1.
¿Recibe una remunerad	ción por realizar la repres	sentación?		∐ Sí	No
	to de otras tareas remune DETÉNGASE; no es n nte pregunta).			∏ Sí vulario. Si	No respondió "sí",
Límites para hablar:	Audiencia pública (Con Audiencia informativa . Otros	3 min	utos		



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Fecha: \_

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Declaraci	ón de inscripción:	Concejo COMITÉ	<u>Común</u>		
Escriba con letra de in	<u>nprenta</u>		SU NOMBRE PROLI RA DE IMPRENTA	IJAMENTE	
N.º de agenda	5	Nombre Dirección	Ndidu Peral 1917 Lake	Point	
Marque una:		Y	Marque:		
✓ A favor			☑ No desc	eo hablar	
<b>En contra</b>	1				
Ni a favo	r ni en contra				
(Si respondió "no", 1	esenta a una organización DETÉNGASE; no es nece epresenta y continúe con l	esario que con	iplete el resto del formula	☐ Sí urio. Si respon	☑ No dió "si", indique
Nombre, dirección y	número de teléfono de cao	da una de las p	ersonas u organizaciones	que represent	a:
¿Recibe una remuner	ación por realizar la repre	sentación?		☐ Sí	₩ No
	nto de otras tareas remune <b>DETÉNGASE</b> ; no es n ente pregunta).				₩ No respondió "si",
Límites para hablar:	Audiencia pública (Con Audiencia informativa : Otros		3 minutos		



Fecha:

## FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

	ال	UDAD DE MAI	JIJUN	
Declaraci	ón de inscripción	: Concejo Co	<u>mún</u>	
Escriba con letra de in	mprenta	CON LETRA	I NOMBRE PROLIJA DE IMPRENTA Sa Ma. CM	
N.º de agenda <u>9</u> <u>.</u>	5	Constitution and the contract of the contract	117 Lake F	
Marque una:		Y	Marque:	
A favor			No deseo	hablar
En contra	a .			
Ni a favo	r ni en contra			
(Si respondió "no", <b>1</b>	esenta a una organización DETÉNGASE; no es neo epresenta y continúe con	cesario que complei	te el resto del formulario	□ Sí □ No o. Si respondió "sí", indique
Nombre, dirección y	número de teléfono de c	ada una de las perso	onas u organizaciones qu	ae representa:
¿Recibe una remuner	ación por realizar la repr	resentación?		∏ Si ⊠ No
				□ Sí 👿 No mulario. Si respondió "sí",
Limites para hablar:	Audiencia pública (Co Audiencia informativa Otros	a3 1	minutos	

Fecha: 6-01-10



## FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

Declaració	on de inscripción:	Concejo Con COMITÉ	<u>nún</u>	
Escriba con letra de im	<u>prenta</u>		NOMBRE PROLIJA DE IMPRENTA	MENTE
N.° de agenda \$			Alicia A 17 Lahe	Point
Marque una:		Y	Marque:	
A favor			No deseo	hablar
<b>En contra</b>				
Ni a favor	ni en contra			
(Si respondió "no", <b>D</b> el nombre de quien re <sub>l</sub>	senta a una organización ETÉNGASE; no es nece presenta y continúe con c úmero de teléfono de ca	esario que complete la siguiente preguni	el resto del formulario a).	☐ Sí ☑ No . Si respondió "sí", indique e representa:
¿Recibe una remunera	ición por realizar la repre	esentación?		∏Sí ⊠No
¿Viene en cumplimier (Si respondió "no", continúe con la siguie		eradas por esta pers necesario que com	ona u organización? plete el resto del forn	□ Sí  □ No nulario. Si respondió "si",
Límites para hablar:	Audiencia pública (Co Audiencia informativa Otros	3 n	inutos	

Fecha: 06-01-10



## Fecha: O FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

Declaració	on de inscripció	n: <u>Concejo</u> comité	<u>Común</u>			
Escriba con letra de in	<u>iprenta</u>		SU NOMBR		AMENTE	
N.º de agenda9	15	Dirección	1140	4000	Roja aine 1. 5	11eWP
Marque una:		Y	Mai	rque:		
A favor				No deseo	hablar	
<b>En contra</b>						
Ni a favor	ni en contra					
(Si respondió "no", <b>L</b> el nombre de quien re	senta a una organizacio DETÉNGASE; no es no presenta y continúe co número de teléfono de	ecesario que con n la siguiente pr	nplete el resto d egunta).	lel formulari	o. Si respondió	₹No "sí", indique
¿Recibe una remunera	ación por realizar la rep	oresentación?			□Sí□	] No
¿Viene en cumplimier (Si respondió "no", continúe con la siguie	nto de otras tareas remi DETÉNGASE; no e. ente pregunta).	uneradas por est s necesario que	a persona u org complete el 1	anización? resto del for		] No spondió "sí",
Límites para hablar:	Audiencia pública (C Audiencia informativ Otros	va	3 minutos			



Fee			

## Fecha: \_\_\_ FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

Declaració	n de inscripción: <u>C</u>	COMITÉ	<u>Común</u>			
Escriba con letra de im	<u>prenta</u>			IBRE PROLI	JAMENTE	
N.º de agenda <u></u> CJS		Nombre Dirección	<del>H81</del>	A Ros 2423 Take		<u>.</u>
Marque una:		Y	N	Marque:		
A favor				∐No dese	o hablar	
<b>En contra</b>						
Ni a favor	ni en contra					
(Si respondió "no", <b>D</b>	senta a una organización o ETÉNGASE; no es neceso oresenta y continúe con la .	irio que con	ıplete el re	usted: sto del formula	☐ Sí rio. Si respond	্রিNo lió "sí", indique
Nombre, dirección y n	úmero de teléfono de cada	una de las p	ersonas u	organizaciones	que representa	ı:
¿Recibe una remunera	ción por realizar la represe	ntación?			☐ Sí	□No
¿Viene en cumplimier (Si respondió "no", continúe con la siguie	nto de otras tareas remunera DETÉNGASE; no es neo nte pregunta).	idas por esta cesario que	a persona u complete	organización? el resto del f	☐ Sí Formulario. Si	⊠No respondió "sí",
Límites para hablar:	Audiencia pública (Conce Audiencia informativa Otros		3 minute	S .		

Fecha: <u>6-01-10</u>



## Fecha: \_\_\_\_C FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

Declaració	ón de inscripción	: Concejo Co COMITÉ	<u>omún</u>			
Escriba con letra de in	<u>nprenta</u>	ESCRIBA S CON LETRA			AMENTE	
N.º de agenda	95		1914		Pain	4 Dc.
Marque una:		Y		rque:		
A favor				No desec	hablar	
<b>En contra</b>						
Ni a favor	· ni en contra					
(Si respondió "no", D el nombre de quien re	senta a una organización ETÉNGASE; no es nec presenta y continúe con número de teléfono de ca	esario que compl la siguiente pregi	ete el resto unta).	del formulari		
¿Recibe una remunera	ición por realizar la repr	esentación?			∏ Sí	∐No
¿Viene en cumplimier (Si respondió "no", continúe con la siguie	nto de otras tareas remur <b>DETÉNGASE;</b> no es nte pregunta).	ieradas por esta p necesario que co	ersona u org omplete el	ganización? resto del for	☐ Sí mulario. Si	□ No respondió "sí",
Limites para hablar:	Audiencia pública (Co Audiencia informativa Otros		3 minutos			

Fecha: 6-01-10



# Fecha: <u>6-</u> FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

Declaraci	ón de inscripción	Concejo Com	<u>ún</u>	
Escriba con letra de in	mprenta	ESCRIBA SU N CON LETRA DI	IOMBRE PROLIJA E IMPRENTA	MENTE
N.º de agenda	5	Nombre Mas		pamuceno t or
Marque una:		Y	Marque:	
A favor			No deseo	hablar
<b>En contra</b>	1			
Ni a favo	r ni en contra			
(Si respondió "no", <b>I</b> el nombre de quien re	senta a una organización <b>DETÉNGASE; no es nec</b> e presenta y continúe con i número de teléfono de ca	esario que complete e la siguiente pregunta)	l resto del formulario	□ Sí □ No . Si respondió "si", indique e representa:
¿Recibe una remunera	ación por realizar la repre	sentación?		□ Sí ŪNo
				☐ Sí ☐ No nulario. Si respondió "sí",
Límites para hablar:	Audiencia pública (Cor Audiencia informativa Otros	3 min	utos	

Fecha: 06-01-10



### Fecha: C FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

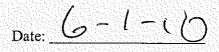
Declaració	on de inscripción:	Concejo (	Común	
Escriba con letra de in	<u>iprenta</u>		SU NOMBRE PRO RA DE IMPRENTA	
N.º de agenda		BURGO PERSONAL PARAMETERS	Ana Diaz 1917 lak	
Marque una:		Y	Marque:	
X A favor			No de	eseo hablar
<b>En contra</b>	l e e e e e e e e e e e e e e e e e e e			
Ni a favor	· ni en contra			
(Si respondió "no", L el nombre de quien re	senta a una organización PETÉNGASE; no es nece presenta y continúe con a número de teléfono de ca	esario que com la siguiente pre	plete el resto del form egunta).	☐ Sí ☑ No nulario. Si respondió "si", indique nes que representa:
¿Recibe una remunera	ación por realizar la repre	esentación?		□ Sí □ □ No
¿Viene en cumplimier (Si respondió "no", continúe con la siguie		eradas por esta necesario que	persona u organizaci complete el resto de	ón? 🔲 Sí 🔀 No el formulario. Si respondió "sí",
Límites para hablar:	Audiencia pública (Co Audiencia informativa Otros	*************************	3 minutos	

Fecha: 6-1-10



# Fecha: 6 FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

Declaració	on de inscripción:	Concejo Co	<u>mún</u>			
Escriba con letra de in	nprenta	ESCRIBA SU CON LETRA	AMENTE			
N.º de agenda <u>95</u>		Nombre Nadia Zavala  Dirección 1917 Lake point Dr				
Marque una:		Y	Marque:			
A favor			No desec	hablar		
En contra	Ĺ					
Ni a favor	ni en contra					
(Si respondió "no", D el nombre de quien re	senta a una organización (ETÉNGASE; no es nece presenta y continúe con la cumero de teléfono de cac	sario que comple a siguiente pregu	te el resto del formulari nta).			
¿Recibe una remunera	ación por realizar la repre	sentación?		☐ Sí	⊠ No	
¿Viene en cumplimier (Si respondió "no", continúe con la siguie	nto de otras tareas remune <b>DETÉNGASE</b> ; no es n ente pregunta).	eradas por esta pe necesario que co	rsona u organización? mplete el resto del for	☐ Sí rmulario. Si	No respondió "si",	
Limites para hablar:	Audiencia pública (Cor Audiencia informativa Otros	3	minutos			





### DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Col COMMITTEE	ıncil
<u>Please Print</u>		RINT NAME CLEARLY
Agenda No. <u>95</u>	Name	Pronso Eivira
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of ea	ot complete the rest of question)	this form. If you answered "yes," provide the name
Are you being paid for your representation	?	☐ Yes No
Are you appearing as part of your other pai (If you answered "no," <b>STOP</b> ; you need no question.)		or organization?
Information Hearing	mmon Council) 5 m g 3 m 3 m	inutes

Fecha: 6-1-10



# Fecha: \_\_\_\_\_\_ FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

Declaracio	ón de inscripciór	n: <u>Concejo Co</u> comité	omún	
Escriba con letra de in	nprenta	ESCRIBA SI	J NOMBRE PROLIJAMI DE IMPRENTA	ENTE
N.º de agenda <u>9</u>	'5	Nombre Oirección S	-boefina Ocot 2013 Green Fitchlarg &	Uay (rosse Ui
Marque una:		Y	Marque:	
A favor			No deseo ha	ıblar
En contra	ı			
Ni a favo	r ni en contra			
(Si respondió "no", I el nombre de quien re	presenta y continúe coi	ecesario que comple n la siguiente pregu	ete el resto del formulario. Si	
¿Recibe una remuner	ación por realizar la rep	resentación?		Sí XNo
¿Viene en cumplimie (Si respondió "no", continúe con la siguie		meradas por esta pe necesario que co	orsona u organización? mplete el resto del formul	□ Sí □ No ario. Si re <b>s</b> pondió "sí"
Límites para hablar:	Audiencia pública (C Audiencia informativ Otros	'a3	minutos	

Fecha: 6-1-10



# Fecha: 6 Formulario de no consentimiento PARA HABLAR

Declaració	ón de inscripción:	Concejo Cor	<u>nún</u>	
Escriba con letra de in	iprenta	CON LETRA	NOMBRE PROLIJA DE IMPRENTA	
N.º de agenda	5	Nombre <u>U</u> Dirección <u>2</u>	igrel M 513 Green Fitchburg c	ontes Vay (Vo>e v 1
Marque una:		Y	Marque:	
A favor			No deseo	hablar
En esta reunión, repre (Si respondió "no", L el nombre de quien re	r ni en contra senta a una organización DETÉNGASE; no es nece presenta y continúe con e número de teléfono de ca	esario que complet la siguiente pregun	e el resto del formulari ta).	☐ Sí ☐ No o. Si respondió "si", indique ue representa:
¿Recibe una remunera	ación por realizar la repre	esentación?		□ Sí 🎋 No
¿Viene en cumplimie (Si respondió "no", continúe con la siguie		eradas por esta per necesario que con	sona u organización? aplete el resto del for	□ Sí □ No mulario. Si respondió "sí"
Límites para hablar:	Audiencia pública (Con Audiencia informativa Otros	3 r	minutos	

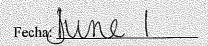
Fecha: 6/1/10



## Fecha: Fecha: Fecha: PARA HABLAR

Declaració	on de inscripciór	n: <u>Concejo Co</u> comité	<u>mún</u>	
Escriba con letra de in	i <u>prenta</u>	CON LETRA	J NOMBRE PROLIJA DE IMPRENTA	
N.º de agenda <u>95</u>		Nombre 100 Dirección 71	ren Perez-1 0 Idana lu 1 537 11	Nilson ne Madison
Marque una:		Y	Marque:	
A favor			<b>∑</b> No deseo	hablar
En contra	ı.			
Ni a favor	r ni en contra			
(Si respondió "no", L el nombre de quien re	presenta y continúe con	cesario que comple n la siguiente pregu	te el resto del formulari	Sí No o. Si respondió "si", indique ue representa:
	ación por realizar la rep			□ Sí ☑No
¿Viene en cumplimie (Si respondió "no", continúe con la siguio		ineradas por esta pe s <i>necesario que co</i>	rsona u organización? mplete el resto del for	☐ Sí ☐ No mulario. Si respondió "si"
Límites para hablar:	Audiencia pública (C Audiencia informativ Otros	7a3	minutos	





### FECIAL JIVA FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

Declaració	ón de inscripcio	ón: <u>Concejo</u> COMITÉ	Comi	<u>in</u>	
Escriba con letra de in	nprenta		RA DE	OMBRE PROLIJA E IMPRENTA TO HOVE D HOULL	mente rez Un-Madisón
Marque una:  A favor		Y		Marque:  No deseo	hablar
<b>En contra</b>	<b>L</b>				
Ni a favor	r ni en contra				
En esta reunión, repre (Si respondió "no", L el nombre de quien re Nombre, dirección y 1	PETÉNGASE; no es presenta y continúe c	necesario que con con la siguiente pi	nplete e regunta)	l resto del formulario	☐ Sí ☑ No . Si respondió *si", indique e representa:
¿Recibe una remunera	ación por realizar la r	epresentación?			□ Sí 坛 No
; Viene en cumplimie	nto de otras tareas rer DETÉNGASE; no	nuneradas por est	a persoi	na u organización? ete el resto del forn	□ Sí □ No mulario. Si respondió "si",
Límites para hablar:	Audiencia pública ( Audiencia informat Otros	tiva	3 mir	utos	

Fecha: 6-(-10



## Fecha: \_\_\_\_\_\_\_ FORMULARIO DE NO CONSENTIMIENTO **PARA HABLAR**

Declaració	ón de inscripción	: Concejo C	<u>omún</u>			
Escriba con letra de in	nprenta		SU NOMBRE A DE IMPRI		AMENTE	
N.º de agenda	5	Dirección _	Rosario 740 0 Mades	dana	<u> </u>	
Marque una:		Y	Mar	que:		
A favor			1	No deseo	hablar	
En contra	ı					
Ni a favoi	r ni en contra					
(Si respondió "no", L el nombre de quien re	senta a una organización DETÉNGASE; no es necepresenta y continúe con número de teléfono de c	cesario que comp la siguiente pre	olete el resto de zunta).	el formulari		
¿Recibe una remunera	ación por realizar la repi	resentación?			∏ Sí	⊠ No
¿Viene en cumplimie (Si respondió "no", continúe con la siguie	nto de otras tareas remu <b>DETÉNGASE;</b> no es ente pregunta).	neradas por esta necesario que	persona u orga complete el re	nización? esto del for		No respondió "sí",
Límites para hablar:	Audiencia pública (Co Audiencia informativa Otros	a	3 minutos			



Fecha: 6///10

## Fecha: \_\_\_\_\_\_\_\_\_\_ FORMULARIO DE NO CONSENTIMIENTO **PARA HABLAR**

Declaració	ón de inscripción	: <u>Concejo Co</u> comité	<u>mún</u>	
Escriba con letra de in	n <u>prenta</u>		I NOMBRE PROLIJA DE IMPRENTA	AMENTE
N.º de agenda 9	5	Nombre	Lorge C.	
Marque una:		Y	Marque:	
A favor			No deseo	hablar
<b>En contra</b>				
Ni a favoi	r ni en contra			
(Si respondió "no", <b>L</b> el nombre de quien re	senta a una organización DETÉNGASE; no es nec presenta y continúe con número de teléfono de ca	esario que comple la siguiente pregui	e el resto del formulario nta).	☐ Sí ☐ No o. Si respondió "sí", indique ue representa:
¿Recibe una remunera	ación por realizar la repre	esentación?		□ Sí □ No
				☐ Sí ☐ No mulario. Si respondió "sí",
Límites para hablar:	Audiencia pública (Co Audiencia informativa Otros	3	minutos	

Fecha: <u>6/1/10</u>



## FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

Declaracio	ón de inscripción:	Concejo (	<u>Común</u>		
Escriba con letra de in	nprenta	este is the wealth feether that december	sie der Anders auf der Bereite bereite der State bereite bereite bereite bereite bereite bereite bereite bestellt bereite bestellt bestell	IBRE PROLIJA MPRENTA	MENTE
N.º de agenda <u>O.</u> E	5	Nombre Dirección	Tessio 910	ca Ruiz Magnolia	<u>LN</u>
Marque una:		Y	1	Marque:	
M favor				No deseo	hablar
<b>En contra</b>	l				
Ni a favoi	r ni en contra				
(Si respondió "no", <b>L</b> el nombre de quien re	senta a una organización <b>DETÉNGASE;</b> no es nece presenta y continúe con l número de teléfono de cad	esario que com a siguiente pre	plete el re egunta).	sto del formulario.	□ Sí ☑ No Si respondió "sí", indique representa:
¿Recibe una remunera	ación por realizar la repre	sentación?			□ Sí 🔛 No
					□ Sí ⊠ No ulario. Si respondió "sí",
Limites para hablar:	Audiencia pública (Con Audiencia informativa . Otros		3 minuto	S	

Fecha: 06-01-10



### Fecha: Co FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

Declaració	n de inscripción:	Concejo COMITÉ	Comú	<u>n</u>		
Escriba con letra de in	<u>iprenta</u>			MBRE PROL IMPRENTA	LIJAMENTE	
N.º de agenda $\underline{-Q}^{\circ}$	5		10 }	na soli tollywai son wi	ad D-	<u> </u>
Marque una:		Y		Marque:		
A favor				No des	seo habla	r
<b>En contra</b>						
Ni a favor	· ni en contra					
(Si respondió "no", <b>D</b> el nombre de quien re	senta a una organización PETÉNGASE; no es nece presenta y continúe con la número de teléfono de cac	sario que co a siguiente p	mplete el regunta).	resto del formu		
¿Recibe una remunera	ación por realizar la repre	sentación?			∏ Sí	□ No
¿Viene en cumplimier (Si respondió "no", continúe con la siguie	nto de otras tareas remund <b>DETÉNGASE</b> ; no es r inte pregunta).	eradas por es necesario qu	ta personi e comple	a u organización te el resto del	n? [] Sí formulario.	
Límites para hablar:	Audiencia pública (Cor Audiencia informativa Otros		3 mini	utos		

Fecha: 06-01-10



## Fecha: O Fec

Declaració	n de inscripción:	Concejo COMITÉ	<u>Común</u>			
Escriba con letra de im	<u>prenta</u>	Anne Lingue and Constitute from Constitution	SU NOMBERA DE IMPI	RE PROLIJA RENTA	AMENTE	
N.º de agenda	5		346 K	Sohs ent lau on, wi	Yunez ne Apt. s . S371	201
Marque una:		Y	Ma	rque:		
A favor				No deseo	hablar	
<b>En contra</b>						
Ni a favor	ni en contra					
(Si respondió "no", <b>D</b>	enta a una organización c ETÉNGASE; no es neces oresenta y continúe con la	ario que con	aplete el resto	ed: <i>del formulario</i>	□ Sí 🔯 o. Si respondió "	
Nombre, dirección y n	úmero de teléfono de cad	a una de las p	oersonas u org	anizaciones qu	e representa:	
¿Recibe una remunera	ción por realizar la repres	entación?			□ Sí □	No
¿Viene en cumplimien (Si respondió "no", continúe con la siguier	to de otras tareas remunes DETÉNGASE; no es no nte pregunta).	radas por esta ecesario que	a persona u orț complete el	ganización? resto del fort	∏ Sí ∏ nulario. Si resp	
Límites para hablar:	Audiencia pública (Cond Audiencia informativa Otros		3 minutos			



## Fecha: \_\_\_\_ FORMULARIO DE NO CONSENTIMIENTO PARA HABLAR

Declaración de inscripció	n: Concejo Común	
Escriba con letra de imprenta	ESCRIBA SU NOMBRE PROL CON LETRA DE IMPRENTA	IJAMENTE
N.º de agenda <u>9</u> 5	Nombre Antonio Dirección 22 Deev #4	Callixto, Valley Rd.
Marque una:	Y Marque:	
A favor	No des	eo hablar
<b>En contra</b>		
Ni a favor ni en contra		
En esta reunión, representa a una organización (Si respondió "no", <b>DETÉNGASE</b> ; no es no el nombre de quien representa y continúe con Nombre, dirección y número de teléfono de	ecesario que complete el resto del formulo n la siguiente pregunta).	
¿Recibe una remuneración por realizar la rej	presentación?	☐ Sí ☐ No
¿Viene en cumplimiento de otras tareas rem (Si respondió "no", <b>DETÉNGASE</b> ; no escontinúe con la siguiente pregunta).	uneradas por esta persona u organización s necesario que complete el resto del ,	P □ Sí ☒ No formulario. Si respondió "sí",
Audiencia informativ	Concejo Común)5 minutos va3 minutos3 minutos	



Fecha: 6/1/10

FORMULARIO DE NO CONSENTIMIENTO
PARA HABLAR

Declaració	ón de inscripción:	Concejo Con	<u>nún</u>	
Escriba con letra de in	nprenta	CON LETRA I	NOMBRE PROLIJA DE IMPRENTA	AMENTE
N.º de agenda	15	Nombre Dirección	TIPE QUI, 33 Wh Madi3	m #108
Marque una:		Y	Marque:	
A favor			No desec	hablar
<b>En contra</b>				
En esta reunión, repre (Si respondió "no", D	r ni en contra senta a una organización DETÉNGASE; no es nece presenta y continúe con l	esario que complete	e el resto del formulari	□ Sí ☑No io. Si respondió "sí", indique
Nombre, dirección y r	número de teléfono de cad	da una de las persor	nas u organizaciones q	ue representa:
¿Recibe una remunera	ación por realizar la repre	esentación?		□ Sí □ No
¿Viene en cumplimier (Si respondió "no", continúe con la siguie		eradas por esta pers necesario que com	sona u organización? eplete el resto del for	☐ Si ☐ No mulario. Si respondió "sí",
Límites para hablar:	Audiencia pública (Cor Audiencia informativa Otros	3 n	rinutos	

Date:	
J. (2002	 



## AVAILABLE TO ANSWER QUESTIONS FORM

Registration	on Statement -	COMMITTEE	ouncil				
		PLEASE	PRINT CLEARLY				
SMIUR'S RE	ESOLU-10N	Name	JENNIFER (J.	AN) STERN	184CH		
Agenda No.	F 95	Address	1345 MORRI	SON #1			
			MADISON	W1 537	>0.S		
Please check or	ie:	AND	Please chec				
Support			Availal	ble to answe	r		
			questic				
Oppose  Neither Support Nor Oppose							
At this meeting are yo (If you answered "no, of who you represent of	" STOP; you need no	ot complete the rest	on other than yourself:  of this form If you ans	Yes wered "yes," pro	] No wide the name		
Name, address and tel	ephone number of ea	ch person or organi	zation you are represent	ting:			
	•						
Are you being paid fo	r your representation	?		☐ Yes	]No		
Are you appearing as (If you answered "no, question.)	part of your other part." STOP; you need n	id duties for this per tot complete the res	rson or organization? t of this form. If you and	☐ Yes ☐ swered "yes," go	☑No on to the next		
Speaking Limits:	Public Hearing (Co Information Hearin Other Items	g.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 minutes				

Date:	



## AVAILABLE TO ANSWER QUESTIONS FORM

Registration State	ment - Common Council
	PLEASE PRINT CLEARLY
Agenda No. 95	Name Samir Jaber Address JLANGDIN APT 3A
Please check one:	AND Please check:
Support	X Available to answer
Oppose	questions
Neither Support	Nor Oppose
(If you answered "no," STOP; yof who you represent and go on	ing an organization or a person other than yourself: Yes Moon ou need not complete the rest of this form. If you answered "yes," provide the name of the next question)  The next question or organization you are representing:
Are you being paid for your repr	esentation? Yes No
Are you appearing as part of you (If you answered "no," STOP; question)	other paid duties for this person or organization? Yes No ou need not complete the rest of this form. If you answered "yes," go on to the next
-1	aring (Common Council) 5 minutes on Hearing 3 minutes

Date: 6/1/10



### DO NOT WISH TO SPEAK FORM

Registratio	n Statement	Common C	ouncil		
Please Print		PLEASE	PRINT NAME CLEA	RLY	
		Name	Kathy Wals	4	
Agenda No. 95			566 5 Segoe		
			Madison, Wl	53711	
Please check on	2	AND	Please check	<b>₹</b>	
<b>∑</b> Support			Do not	wish to s	peak
Oppose Oppose					
Neither Su	pport Nor Op	pose			
of who you represent ar	STOP; you need not and go on to the next q	complete the rest uestion)	of this form. If you answer		IJNo provide the name
Are you being paid for	your representation?			Yes	∏ No
Are you appearing as pa	art of your other paid		on or organization? of this form. If you answ	_ ☐ Yes	 □ No
	Public Hearing (Com Information Hearing. Other Items.		3 minutes		

Madison

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Date:	0	1	1 1	70	

### DO NOT WISH TO SPEAK FORM

Registratio	n Statement	Common Co	ouncil		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No. 95		Address _	lictoria G 351 Seu Madison	ta St.	2 <u>Z</u> ,#20
Please check one	:	AND	Please che	ck:	
Support Oppose			Do no	t wish to s	peak
Neither Suj	oport Nor Opp	oose			
At this meeting are you a (If you answered "no," of who you represent and Name, address and telep	STOP; you need not d go on to the next qu	complete the rest c uestion.)	f this form. If you ans		No provide the name
Are you being paid for y	our representation?			Yes	IXNo
Are you appearing as pa (If you answered "no," , question)				☐ Yes swered "yes,"	No go on to the next
	rublic Hearing (Comp aformation Hearing. Other Items	3	minutes		



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Registrati	on Statement -	Common C	Council
Please Print		강소를 가지 않는 기를 보고 있는 것이 되었다.	EPRINT NAME CLEARLY ALLEN RVFF
Agenda No.	93	Address	ALLEN RVFF 533 W. MAIN #112 MADISON, WI S3703
Please check o	ne:	AND	Please check:
Support Oppose			Do not wish to speak
	upport Nor Op	pose	
(If you answered "no of who you represent	," <b>STOP;</b> you need not and go on to the next q	t complete the rest nuestion.)	on other than yourself: Yes No of this form. If you answered "yes," provide the name zation you are representing:
Are you being paid for	r your representation?		☐ Yes ☐ No
	part of your other paid," STOP; you need no	<ul> <li>A real particular to the first particular to the particular form of the particular to the</li></ul>	son or organization?
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		3 minutes



Date: Une 1, 2010

Registrat	ion Statement -	Common C	<u>ouncil</u>		
Please Print					
		PLEASE	PRINT NAME CLI	EARLY	
9		Name _	Patricia	DBb	15-e
Agenda No.	J	Address -	533 W.N	lain:St	#112_
			vualsm, u	VL 5=	3703
Please check o	ne:	AND	Please che	eck:	
Support			Do no	ot wish to s	peak
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Are you being paid for	or your representation?			☐ Yes	□ No
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Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	minutes		



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#### **CITY OF MADISON**

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Please Print  Agenda No.	15	PLEASE Name Address	PRINT NAME CLEARLY TOSABEL HOMBULLA
Please check	one:	AND	Please check:
Support Oppose			Do not wish to speak
Neither	Support Nor Op	pose	
(If you answered "r of who you represer	nt and go on to the next	ot complete the rest of question.)	n other than yourself:  Yes  No of this form. If you answered "yes," provide the natestation you are representing:
	for your representation?		☐ Yes ☐ No
	as part of your other paid to," STOP; you need no		on or organization?
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	3	minutes



Date: 6/1/10

### DO NOT WISH TO SPEAK FORM

Registration Statement	- Common Co	ouncil
Please Print		PRINT NAME CLEARLY
Agenda No. 95	NameAddress	Thomas Korlovsky 1/39 Paculino Acre Modisor, Wi
Please check one:	AND	Please check:
Support Oppose		Do not wish to speak
☐ Neither Support Nor O	ppose	
At this meeting are you representing an or (If you answered "no," STOP; you need no f who you represent and go on to the next.  Name, address and telephone number of each	not complete the rest of t question.)	of this form If you answered "yes," provide the name
Are you being paid for your representation	1?	☐ Yes ☐ No
Are you appearing as part of your other pa (If you answered "no," STOP; you need no question.)		on or organization?
Information Hearin	ommon Council)5 ng3	minutes



Date: (6/1)10

### DO NOT WISH TO SPEAK FORM

Registra	tion Statement -	Common C	ouncil		
Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No. 🥬		Name _ Address _ -	Lica Sui 818 S. Gom Madison,	mon K	Y.#4 53719
Please check	one:	AND	Please che	ek:	
<b>Support</b>			Do not	t wish to	speak
Oppose					
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(If you answered "n of who you represen	you representing an orga o," STOP; you need no t and go on to the next q elephone number of eac	t complete the rest ( question)	of this form. If you ans	wered "yes,"	No provide the name
Are you being paid t	for your representation?			∐ Yes	□ No
	s part of your other paid o," <b>STOP;</b> you need no			☐ Yes swered "yes,'	☐ No " go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	minutes		



Date:

Registrati	on Statement	Common Cou	ıncil		
Please Print  Agenda No.	95_		RINT NAME CLE	NED	
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	r your representation?  part of your other paid of some seed not seed not			☐ Yes ☐ Yes swered "yes,	☐ No ☐ No " go on to the next
Speaking Limits:	Public Hearing (Comu Information Hearing Other Items	3 m	ninutes		



Date: 6/-20/0

# DO NOT WISH TO SPEAK FORM

Registra	tion Statement -	COMMITTEE	<u>ouncil</u>	
<u>Please Print</u>		PLEASE	PRINT NAME CLEARLY	
Agenda No.	95	Name Address	Sebastian Har 5121 Flad Ave 53711 Madis	ris on W
Please check o	)ne:	AND	Please check:	
Support Oppose			Do not wish to sp	eak
	Support Nor Op	pose		
(If you answered "no of who you represent	t and go on to the next q	complete the rest of uestion.)	other than yourself: \times \text{Yes} [\text{Yes}   Form. If you answered "yes," production you are representing:	☐ No ovide the name
muental				
Are you appearing as	or your representation? part of your other paid o," STOP; you need not	duties for this perso complete the rest oj	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ f this form. If you answered "yes," go	No onsto the next
Speaking Limits:	Public Hearing (Com- Information Hearing. Other Items	3 r	minutes	



Date: 6/1/16

### DO NOT WISH TO SPEAK FORM

Registration Stateme	nt - Common Council	
Please Print		
	PLEASE PRINT NAME CLE	EARLY
	Name Jugilica 1911	varet
Agenda No. <u>25</u>	Name <u>Jugflice Mil</u> — Address <u>726 6 duna</u>	40
Please check one:	AND Please che	ek:
Support	☑ Do no	ot wish to speak
Oppose		
Neither Support Nor	: Oppose	
(If you answered "no," STOP; you need of who you represent and go on to the	n organization or a person other than yourself: sed not complete the rest of this form. If you an next question) of each person or organization you are represen	swered "yes," provide the name
Are you being paid for your representa	ation?	∐ Yes ☑No
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	er paid duties for this person or organization? eed not complete the rest of this form. If you ar	☐ Yes ☑ No nswered "yes," go on to the next
Înformation H	g (Common Council)5 minutes earing3 minutes3 minutes	



Date: 4 01 200)

# DO NOT WISH TO SPEAK FORM

Registrati	on Statement	Common (	Council	
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Agenda No.	95	Name Address	Chrisph (	)
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$\stackrel{\textstyle \swarrow}{\bigsqcup}^{\downarrow}$ Support				ot wish to speak
Oppose				
Neither S	upport Nor Op	pose		
of who you represent t	and go on to the next q	uestion.)	i oj mis jorm. 17 you an.	swered "yes," provide the n
Are you being paid for	your representation?			☐ Yes   Xo
Are you appearing as [ (If you answered "no, question.)				☐ Yes ☐ No swered "yes," go on to the i
Speaking Limits:			3. 我们就是我们的,我们就是一个人的,我们就是一个人的。	

Date: 6/1/2010



# DO NOT WISH TO SPEAK FORM

Registration Statement -	Common C	<u>ouncil</u>
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No. 95		Rebeea Hana Liebi
Please check one:	AND	Please check:
Support		Do not wish to speak
<ul><li>Oppose</li><li>Neither Support Nor Op</li></ul>		
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each	nt complete the rest question)	of this form. If you answered "yes," provide the name
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.)	l duties for this pers t complete the rest	on or organization?
Speaking Limits: Public Hearing (Com Information Hearing Other Items	3	minutes



Date: <u>6/1/10</u>

# DO NOT WISH TO SPEAK FORM

Registration Statement -	Common C	Council	
Please Print			
	PLEASE	PRINT NAME CLEARLY	
	Name	Jolie Lizotte	
Agenda No. 95	Address	219 W Gilman St Apt 2	
		Madison, WI 88453703	
Please check one:	AND	Please check:	
Support Support		Do not wish to speak	
Oppose			
Neither Support Nor Op	nose		
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	t complete the rest ( uestion)	of this form. If you answered "yes," provide the nam	:e
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 not question.)		son or organization?	a
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	3 minutes	



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### **CITY OF MADISON**

Registra	tion Statement -	Common Co	<u>ouncil</u>		
Please Print Agenda No.	95	PLEASE Name Address	RRINT NAME CLE	<i>,</i> 1	AKOWSK Pl
Please check of	ne:	AND	Please chec	:k:	
🔀 Support			Do not	wish to	speak
Oppose					
At this meeting are y (If you answered "no of who you represent	Support Nor Op  You representing an orga 10, "STOP; you need no 11 and go on to the next of 12 elephone number of eac	anization or a person t complete the rest o question.)	of this form. If you answ	wered "yes,'	No provide the name
Are you appearing as	or your representation? s part of your other paid o, " STOP; you need no	l duties for this perso		☐ Yes ☐ Yes wered "yes,"	<b>∑</b> No
question.) Speaking Limits:	Public Hearing (Com Information Hearing Other Items	nmon Council)5	minutes minutes		



# DO NOT WISH TO SPEAK FORM

Registration Statement -	Common C	<u>council</u>
	COMMITTEE	
Please Print	DIEASE	PRINT NAME CLEARLY
Agenda No. #75	Name $\frac{1}{\sqrt{1}}$	Lynne Jourkouskí
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Support Nor Op	pose	
At this meeting are you representing an organized (If you answered "no," STOP; you need not of who you represent and go on to the next of the Name, address and telephone number of each	ot complete the rest of question.)	of this form. If you answered "yes," provide the name
Are you being paid for your representation?  Are you appearing as part of your other paid (If you answered "no," STOP; you need no	l duties for this perso	☐ Yes ☐ No on or organization? ☐ Yes ☐ No of this form. If you answered "yes," go on to the next
question.)		
Speaking Limits: Public Hearing (Con Information Hearing Other Items	3	minutes



Date:

#### **CITY OF MADISON**

Registration Statement -	- Common Co	ouncil		
Please Print  Agenda No.	PLEASE Name	PRINT NAME CLE DIANNE 1420 N. A	EARLY HESSE	lbein 1t Rd
Please check one:	AND	Middledon  Please che		3562
Support Description Descriptio	ppose	∠\Do no	t wish to	speak
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of each	ot complete the rest of question)	f this form. If you ans	wered "yes,"	No provide the name
Are you being paid for your representation?  Are you appearing as part of your other paid		on or organization?	Yes Yes	□ No
(If you answered "no," STOP; you need no question.)		f this form. If you ans		
Information Hearing	33 3	minutes		



Date:

### **CITY OF MADISON**

Registration Statement	- Common Council COMMITTEE
Please Print  Agenda No. 95	PLEASE PRINT NAME CLEARLY  Name Yesenia Saavedra  Address 1129mound st  Madi son, wi
Please check one:  Support Oppose	AND Please check:  Do not wish to speak
(If you answered "no," STOP; you need not of who you represent and go on to the next	ganization or a person other than yourself:   Yes  No not complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation  Are you appearing as part of your other pa  (If you answered "no," STOP; you need no question.)	
Information Hearin	ommon Council)5 minutes ng3 minutes



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### **CITY OF MADISON**

Registration Stat	ement - Common Co	uncil	
Please Print  Agenda No. 95		RINT NAME CLEARLY Miguel Perez Ruen	
Please check one:	AND	Please check:	
<ul><li>✓ Support</li><li>✓ Oppose</li></ul>		Do not wish to speak	
(If you answered "no," STOP; y of who you represent and go on		this form. If you answered "yes," provide to	he name
	r other paid duties for this person	☐ Yes ☐ No or organization? ☐ Yes ☐ No this form. If you answered "yes," go on to	the next
Informati	earing (Common Council) 5 m ion Hearing 3 m ms 3 m	inutes	

Date: 6-1-10



# DO NOT WISH TO SPEAK FORM

Registration Statement	Common Co	ouncil
Please Print		
	PLEASE	PRINT NAME CLEARLY
Agenda No. 95	Name ∯ Address └ ∠	Russell Nortlov, 4917 Sheboycan Ave 508 Madison, W 53705-2917
Please check one:	AND	Please check:
Support		Do not wish to speak
2 - Oppose		
Neither Support Nor Op		n other than yourself: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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Name, address and telephone number of each	n person or organiza	zation you are representing:
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 not question.)		son or organization?
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	***************************************	3 minutes



Date: 06/0/// D
DO NOT WISH TO SPEAK FORM

Registra	ation Statement - ַ	Common (	Council	
Please Print  Agenda No.	Œ	PLEASI Name Address	SEPRINT NAME CLEARLY  JUAN JULIVENO  3430 Mayla Grove  Madish 53	<u> </u>
Please check	one:	AND	Please check:	
Support Oppose			Do not wish to speak	
Neither	Support Nor Op	pose		
(If you answered "n of who you represen	nt and go on to the next qu	complete the rest uestion)	son other than yourself; Yes Nost of this form. If you answered "yes," provide the national you are representing:	ame
Are you being paid	for your representation?		☐ Yes ✓ No	
Are you appearing a (If you answered "n question.)	s part of your other paid o," STOP; you need not	duties for this per complete the rest		next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	********************	3 minutes	



### **CITY OF MADISON**

Registration	Statement - Com		<u>:1</u>		
Please Print			TNAME CLEARL	<u>4</u> e/62-6189	
Agenda No.		Address			
Please check one:	A	ND	Please check:		
Support			Do not wi	sh to speak	
Oppose					
Neither Sup	port Nor Oppose				
(If you answered "no," So of who you represent and	presenting an organization <b>TOP;</b> you need not complet go on to the next question.)  one number of each person	e the rest of this	form. If you answered		ıe
Are you being paid for yo	ur representation?			] Yes   No	
Are you appearing as part	of your other paid duties for rope of your other paid duties for rope of the r		organization?	Yes No	r <i>t</i>
Inf	blic Hearing (Common Cou ormation Hearing ner Items	3 minut	es		



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Registration	Statement - Commo COMMITTEE	on Council
Please Print  Agenda No.	PLEA Name Addre	
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose Neither Sup	port Nor Oppose	
(If you answered "no," So of who you represent and	go on to the next question.)	person other than yourself:  Yes No rest of this form If you answered "yes," provide the name ganization you are representing:
Are you being paid for yo	ur representation?	☐ Yes ∠XNo
	of your other paid duties for this <b>FOP;</b> you need not complete the	s person or organization? Yes No rest of this form. If you answered "yes," go on to the next
Inf	blic Hearing (Common Council) Cormation Hearingher Items	3 minutes



Date: 6 1.10

### DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	Common Co	ouncil		
Please Print  SHIVA'S  Agenda No. #9	pesoluria/V	PLEASE   NameAddress	#/		
Please check of Support	ne:	AND	Please chec		speak
Oppose Neither S	upport Nor Op	pose			
At this meeting are you (If you answered "no, of who you represent Name, address and tel	" <b>STOP;</b> you need no and go on to the next o	t complete the rest of question.)	other than yourself:  If this form. If you answ  ation you are represent	wered "yes,"	∑ No provide the name
Are you being paid fo Are you appearing as (If you answered "no, question.)	part of your other paid	l duties for this perso	on or organization? of this form. If you ans	☐ Yes ☐ Yes wered "yes,"	DINO
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	minutes		



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#### **CITY OF MADISON**

Registrati	on Statement	Common C	<u>ouncil</u>	
Please Print  Agenda No.	5	Name Address	PRINT NAME CLEARLY  Karen Milstein  2814 Lekeland Au#3  Madison, WI 53704	
Please check on	ie:	AND	Please check:	
Support Oppose Neither St	ipport Nor Opj	oose	Do not wish to speak	
of who you represent a	' <b>STOP;</b> you need not nd go on to the next qu	complete the rest ( uestion.)	n other than yourself:  Yes  No of this form. If you answered "yes," provide the ration you are representing:	name
Are you being paid for Are you appearing as p (If you answered "no," question.)	art of your other paid		☐ Yes ☐ No on or organization? ☐ Yes ☐ No of this form. If you answered "yes," go on to the	next
	Public Hearing (Comi Information Hearing Other Items	3	minutes	



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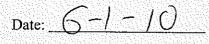
Registrat	ion Statement -	Common C	ouncil	
Please Print		PLEASE	PRINT NAME CLE	ARLY
		Name	SHEILA	SPEAR
Agenda No	5	기가 있는데 가는 얼마를 살아 있는 것 같아 누	23/137 E	
			MADISO	N WI 53715
Please check o	ne:	AND	Please che	:k:
Support			🔀 Do no	t wish to speak
Oppose				
Neither S	Support Nor Op	pose		
(If you answered "no of who you represent	ou representing an orga o," STOP; you need not and go on to the next q elephone number of eac	t complete the rest ( nuestion)	of this form. If you ans	wered "yes," provide the name
Are you being paid fo	or your representation?			Yes No
	part of your other paid," <b>STOP;</b> you need no	**** *** * ** * * * * * * * * * * * *		☐ Yes ☐ No wered "yes," go on to the next
Speaking Limits:	Public Hearing (Con			
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Date: 4 (1/10



### DO NOT WISH TO SPEAK FORM

Registration Statement	Common Co	uncil		
Please Print	PLEASE F	RINT NAME CLEA	RLY	
Agenda No. 95		Susan S 1121 Erch	电线 医多类结合系统 禁止 医电道	and the control of th
Please check one:	AND	Please checl	<b>&lt;:</b>	
Support Support		Do not	wish to s	peak
☐ Oppose ☐ Neither Support Nor Op				
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	complete the rest of			∭No provide the name
Name, address and telephone number of each	1 person or organizat	ion you are representin	lg:	
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 not question.)			☐ Yes ered "yes,"	X)'No go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3 r	ninutes		





Registrati	on Statement -	Common Committee	ouncil		
Please Print			PRINT NAME CLE	ARLY	
Agenda No.	<u>                                     </u>	Name _ Address _	Kissel S 4701 Bob Madison		K Ln
Please check or	le:	AND	Please chec	:k:	
Support Oppose			. \(\sqrt{1}\) Do not	wish to	speak
Neither S	upport Nor Op	pose			
At this meeting are yo (If you answered "no, of who you represent to Name, address and tele	" <b>STOP;</b> you need not ind go on to the next q	complete the rest of uestion)	of this form. If you ans	wered "yes,"	⊠ No ' provide the name
Are you being paid for	your representation?			☐ Yes	⊠No
Are you appearing as I (If you answered "no, question.)				☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		



D	a	tε	\ \ \				į	À,	M	ं		J.			

Registration State	ment - Common Co	<u>uncil</u>
Please Print  Agenda No. 75	PLEASE F Name // Address	PRINT NAME CLEARLY  Marian Ho Sandes Gorbido  (6014 Old Mildleton &  Madison, WI 5370
Please check one:	AND	Please check:
<ul><li>✓ Support</li><li>☐ Oppose</li><li>☐ Neither Support N</li></ul>	Vor Oppose	Do not wish to speak
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to who you represent and go on to what we have address and telephone numbers.	nu need not complete the rest of the next question.)	this form. If you answered "yes," provide the name
Are you being paid for your repressare Are you appearing as part of your (If you answered "no," STOP; you question.)	other paid duties for this perso	☐ Yes ☐ No  n or organization? ☐ Yes ☐ No f this form. If you answered "yes," go on to the next
Information	ring (Common Council)5 n n Hearing3 n s3 n	minutes



Date:		(ol)	1/1	(-	
ATMENDS OF STREET	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Fig. 16 - 15 degree 1	San		

Registrat	tion Statement	Common Committee	ouncil		
Please Print		DI EASE	PRINT NAME CLEAF		
Agenda No.			Maya Oyar	bide Mid	-Sanchez ald leton of 53705
Please check of	ne:	AND	Please check		
<b>Support</b>			Do not v	vish to s	speak
Oppose					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	t and go on to the next q	complete the rest (uestion)	n other than yourself: of this form. If you answel ation you are representing		No provide the name
Are you being paid for	or your representation?			☐ Yes	No
Are you appearing as (If you answered "no question.)	s part of your other paid o," <b>STOP;</b> you need not	duties for this pers t complete the rest	on or organization? of this form. If you answe	☐ Yes	No
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		



Date: (// // 0

# DO NOT WISH TO SPEAK FORM

Registra	tion Statement -	Common Co	uncil		
Please Print		PLEASE I	PRINT NAME CLE	ARLY	
Agenda No.	95	Name Address	Crysta E 347 Nov	Edev vis ct	<b>J</b> .
Please check	one:	AND	Please che	ck:	
Support Oppose			Do no	t wish to s	speak
Neither	Support Nor Op	pose			
(If you answered "n of who you represen	you representing an organo, "STOP; you need no at and go on to the next quelephone number of eac	t complete the rest of question.)	this form. If you ans		No provide the name
					<b>L</b> <
Are you appearing a	for your representation? s part of your other paid o, "STOP; you need no			☐ Yes ☐ Yes wered "yes,"	No No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3 1	ninutes		

Date: 06/01/10



### DO NOT WISH TO SPEAK FORM

Registration Statemen	t - Common Co	ouncil	
Please Print	DIEASE		
Agenda No. 95	NameAddress	PRINT NAME CLEAR Elena Mey 120 Madison	s, Rosa Rd. 53705
Please check one:	AND	Please check:	
M Support		Do not w	ish to speak
<b>Oppose</b>			
Neither Support Nor	Oppose		
At this meeting are you representing an (If you answered "no," STOP; you need of who you represent and go on to the no Name, address and telephone number of	l not complete the rest c ext question.)	f this form. If you answer	
Are you being paid for your representati			Yes No
Are you appearing as part of your other (If you answered "no," STOP; you need question.)			☐ Yes ☑ No red "yes," go on to the next
Information Hea	Common Council) 5 ring 3	minutes	



Date:	Ç		10	
	15,74,25,41,75,93	A 4545 F 122 S N	1 3 1 7 5 7 5 7 5 4 4 A	The state of the State of

Registrat	ion Statement -	Common Co	uncil		
Please Print  Agenda No.	75	PLEASE I  Name  Address	PRINT NAME CLEAR Donna V 945-D Madison	RLY MKelich Eagle H	eij
Please check o Support Oppose	ne:	AND	Please check Do not v	: vish to speak	
	Support Nor Op	pose			
(If you answered "no of who you represent	and go on to the next q	t complete the rest o question)	other than yourself:  f this form. If you answell  tion you are representing	☐ Yes ☐ No red "yes," provide the no	ıme
Are you appearing as	or your representation?  part of your other paid  of you need no			☐ Yes ☐ No ☐ Yes ☐ No red "yes," go on to the r	ıext
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	minutes		

			6				



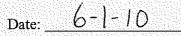
Registration State	ement - Common Council	
<u>Please Print</u>	PLEASE PRINT N	AME CLEARLY
Agenda No. 95	[17] "我这一样,我们就是我们的。""我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是不是一定,我们就是我们的,我们	ÍN SELVA DEAGLE HEIGHTS
Please check one:	AND Ple	ease check:
Support Oppose Neither Support	Nor Oppose	Do not wish to speak
(If you answered "no," <b>STOP</b> ; yo of who you represent and go on to		If you answered "yes," provide the name
	other paid duties for this person or orgar	☐ Yes ☐ No  ization? ☐ Yes ☐ No  i. If you answered "yes," go on to the next
Speaking Limits: Public Health	aring (Common Council)5 minutes on Hearing3 minutes as	



Date: MUNIO

# DO NOT WISH TO SPEAK FORM

Registra	tion Statement -	Common C	<u>ouncil</u>		
Please Print  Agenda No.	solution Fas	PLEASE Name (_ Address _	PRINT NA Jali 1015, Ma	AME CLEARLY LSSA You's Jana Un disy, ut 5:	2- 37-Y
Please check of Support  Oppose		AND	Ple	ease check: Do not wish to s	peak
(If you answered "n of who you represen	you representing an orga o," STOP; you need no t and go on to the next of elephone number of eac	t complete the rest question.)	of this form	If you answered "yes," p	□ No provide the name
Are you appearing a	for your representation? s part of your other paid o," STOP; you need no	l duties for this pers		☐ Yes nization? ☐ Yes n. If you answered "yes,"	⊠No
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		minutes		





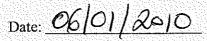
Registration Statement -	Common Council COMMITTEE		
Please Print  Agenda No. 95	PLEASI Name Address	EPRINT NAME CLEARLY  Megan Kaseman  630 W. Olin Ave. Apr  Madison WI 53715	+,1
Please check one:	AND	Please check:	
⊠ Support		Do not wish to speak	
At this meeting are you representing an organism of who you represent and go on to the next of the second of the s	anization or a person tomplete the res	on other than yourself: ☐ Yes ☑ No t of this form. If you answered "yes," provide the	e name
	d duties for this per	☐ Yes      X No	he next
question.)  Speaking Limits: Public Hearing (Cor Information Hearing Other Items	Š	.3 minutes	



Date: CAMPIO

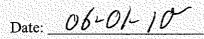
### DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Council COMMITTEE				
Please Print  PLEASE PRINT NAME CLEARLY  Name  And records					
Agenda No. 95	Address 301 Harbour Town Dr.  Madison, WI \$53717				
Please check one:	AND Please check:				
Support Oppose	Do not wish to speak				
Neither Support Nor Op	pose				
of who you represent and go on to the next t	ot complete the rest of this form. If you answered "yes," provide the name				
Are you being paid for your representation?	☐ Yes				
Are you appearing as part of your other paid					
Information Hearing	mmon Council)5 minutes g3 minutes 3 minutes				





Registration Statement -	COMMITTEE	<u>ouncii</u>			
Please Print	PLEASE	PRINT NAME CLEARLY			
Agenda No. # 95	Name (	DIEGO CAMPOVERDE-CISHEROS.			
	Address 515 Donofrio Dr. #7				
		Madison, WI-53719			
Please check one:	AND	Please check:			
Support Support		Do not wish to speak			
Oppose					
Neither Support Nor Oppose					
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest nuestion.)	of this form. If you answered "yes," provide the name			
Are you being paid for your representation?		☐ Yes ☐ No son or organization? ☐ Yes ☐ No			
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	duties for this pers t complete the rest	son or organization?   Yes No of this form. If you answered "yes," go on to the next			
Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes			





## DO NOT WISH TO SPEAK FORM

Registra	ation Statement	Common Co	<u>uncil</u>	
Please Print				
		PLEASE F	PRINT NAME CLE	
		Name	Dr HLG	LERNON FELICE
Agenda No.	9.5	Address	6 AND	ERNON FELICE
			MADIS	oN
Please check	one:	AND	Please che	ek:
Suppor			> Do no	t wish to speak
Oppose				
Noithor	Support Nor Opp	2050		
	nt and go on to the next question telephone number of each		tion you are represer	nting:
Are you being paid	for your representation?			☐Yes ☐ No
	as part of your other paid no," STOP; you need not			☐ Yes ☐ No swered "yes," go on to the r
Speaking Limits:	Public Hearing (Com	"我"我们还有一个一个女人,但是"不是",我们的时间不是我们的自己,一定	"你就是你,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,不是不是什么。"	
	Information Hearing	3 1	minutes	
	Other Items		3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	



Date: 4 / 10

## DO NOT WISH TO SPEAK FORM

Registration Statement	- Common C	<u>ouncil</u>
Please Print		
Agenda No. 95		PRINT NAME CLEARLY ROCIO MOLINA 211 S. Paterson Ste 260 Madison, WI 1064842
Please check one:	AND	Please check:
X Support		Do not wish to speak
Oppose		
At this meeting are you representing an or (If you answered "no," STOP; you need nof who you represent and go on to the next Name, address and telephone number of each	ganization or a persor not complete the rest of t question.)	of this form. If you answered "yes," provide the name
Are you being paid for your representation	<b>1</b> 2	☐ Yes ☐ No
Are you appearing as part of your other pa (If you answered "no," STOP; you need n question.)		on or organization?
Information Hearin	ommon Council)5	minutes



## DO NOT WISH TO SPEAK FORM

Registra	ation Statement -	Common	<u>Council</u>		
Please Print					
		PLEA	SE PRINT NAME (	LEARLY	
		Name	Mario	Garcia Si	erra
Agenda No		Addres	ss <u>615</u>	Garcia Si. W. Main	#310
			Mao	lison, W	1 53715
Please check	one:	AND	Please c	heck:	
Suppor	<b>(</b>			not wish to s	peak
Oppose					
Neither	Support Nor Op	nose			
of who you represe	no," <b>STOP;</b> you need not not and go on to the next q telephone number of eac	uestion)			rovide the name
Are you being paid	for your representation?			☐ Yes	□ No
Are you appearing a (If you answered "r question.)	as part of your other paid no." <b>STOP;</b> you need not	duties for this p t complete the re	person or organization? est of this form. If you	☐ Yes answered "yes," į	☐ No go on to the next
Speaking Limits:	Public Hearing (Com				
	Information Hearing. Other Items		3 minutes 3 minutes		



## DO NOT WISH TO SPEAK FORM

Registra	ation Statement -	Common Common Committee	ouncil		
Please Print					
		PLEASE	PRINT NAME CLE	ARLY	
Agenda No.	95	Name _	Cindy B	reunia	
		Address _	2120/E: Madis	en, WIS	3704
Please check	one:	AND	Please chec	· <b>k:</b>	
Suppor			Do not	wish to speal	k
Oppose					
Neither	Support Nor Op	pose			
(If you answered "r of who you represer	you representing an orgation," STOP; you need not and go on to the next question telephone number of each	t complete the rest o uestion.)	f this form. If you answ		e the name
Are you being paid	for your representation?			☐ Yes ☐ N	[ <b>o</b>
Are you appearing a (If you answered "n question.)	s part of your other paid o," <b>STOP;</b> you need not	duties for this perso complete the rest o	n or organization? f this form. If you ansv	☐ Yes ☐ N vered "yes," go on	o to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items		minutes		



## DO NOT WISH TO SPEAK FORM

Registration Statement -	Common Co	<u>ouncil</u>
Please Print		
	아이를 받는 때 때에서 말라다면 되는데,	PRINT NAME CLEARLY
	Name _	Jorge Selva
Agenda No. 95	Address _	Jorge Selva 945-D Eagle Heights 53705
		53705
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
Neither Support Nor Op	pose	
of who you represent and go on to the next q  Name, address and telephone number of each	uestion.)	of this form. If you answered "yes," provide the name ation you are representing:
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 not question.)		on or organization?
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3	minutes



Date: 4-6/10

## DO NOT WISH TO SPEAK FORM

Registrat	ion Statement -	Common C	<u>ouncil</u>		
Please Print					
		PLEASE	PRINT NAME CLEA		
O	5	Name	Beatriz		*****
Agenda No		Address _	1349 E1	len wo	od Dr
			Madison u	JI, S	37/4
Please check o	ne:	AND	Please chec	<b>k:</b>	
			- Do not	wish to s	peak
Oppose					
Noither S	Support Nor Op	DOSA			
of who you represent	and go on to the next q	question)	of this form. If you answ		provide the name
Are you being paid to	or your representation?			∐ Yes	☐ No
그러 그 그 아이들이 있는 그 아이들 중에 하는 것 같다. 그래요?	part of your other paid," STOP; you need no.	けいせん ちょくりん しゅうにんり カーラン 東 さいしょく	on or organization? of this form. If you answ	Yes vered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Con				
	Information Hearing Other Items	"大大家"作品大大厅的第三人称单数的一样,并不为一个人的时候,就不是一个人的人,没有	化建筑物 化化氯甲基甲基基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基		



Date: 1/6/10

## DO NOT WISH TO SPEAK FORM

Registra	tion Statement - ַ	Common Co	ouncil	
Please Print  Agenda No	5		PRINT NAME CLEARLY, illiam Post 1625 Hwy. 78 Mt. Horeb, L	Di 55612
Please check Support		AND	Please check:  Do not wish	
	Support Nor Op			
(If you answered "n of who you represen	t and go on to the next q	complete the rest o uestion)	other than yourself: UY fthis form. If you answered "you tion you are representing:	and the state of t
Are you being paid:	for your representation?		$\square  Y$	es No
경기는 시간을 잃어 먹는 그는 구름을 살을 살을 때 주었다.	s part of your other paid o," <b>STOP;</b> you need not	ta da a de la companya da a de	n or organization?	
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes	



Date: <u>Col1/10</u>

## DO NOT WISH TO SPEAK FORM

Registra	tion Statement -	Common Committee	ouncil		
Please Print  Agenda No.	5	Name <u></u>	PRINT NAME CLE Scrinica (Cas 10902 Parla Madison, 1	sh))o C Rìdg	
Please check of Support  Oppose  Neither 5	one: Support Nor Op	AND	Please che	ck:	
(If you answered "no of who you represent	ou representing an orga o," <b>STOP;</b> you need not t and go on to the next q elephone number of eac	t complete the rest o uestion.)	f this form. If you ans	wered "yes,"	No provide the name
Are you appearing as	or your representation? part of your other paid o, "STOP; you need not			☐ Yes ☐ Yes wered "yes,"	□ No □ No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3	minutes		



Date: 6/1/10

DO NOT WISH TO SPEAK FORM

Registra	ation Statement -	Common Co	<u>ouncil</u>		
Please Print					
		PLEASE	PRINT NAME	CLEARLY	
92		Name _	Alex G	rismore	
Agenda No		Address _	6902	Dark Ridge	Drive.
Please check	one:	AND	Please	check:	
X Suppor				o not wish to	speak
Oppose					
Neither	Support Nor Op	pose			
(If you answered ") of who you represe	you representing an organo," STOP; you need not not and go on to the next question telephone number of each	t complete the rest of ruestion.)	f this form. If ye	ou answered "yes,'	' provide the name
Are you being paid	for your representation?			Yes	□ No
Are you appearing a (If you answered "requestion.)	as part of your other paid no." STOP; you need not	duties for this perso complete the rest of	on or organization of this form. If y	on? Yes ou answered "yes,	☐ No " go on to the next
Speaking Limits:	Public Hearing (Com				
	Information Hearing. Other Items	THE REPORT OF THE PROPERTY OF	建头孔类铁 医抗性性性病 化二氯化二甲基甲基二甲基甲基甲基		



## DO NOT WISH TO SPEAK FORM

Registration Statement	Common Co	uncil
Please Print		
	PLEASE F	PRINT NAME CLEARLY
as as	Name J	FAN RENE WATCHOU
Agenda No.	Address	144 EAST GORHAM STREET
		ARISON W153703
Please check one:	AND	Please check:
<b>Support</b>		Do not wish to speak
Oppose		
Neither Support Nor Op	2000	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	complete the rest of	other than yourself: Yes \ \ No \ this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organiza	tion you are representing:
COMMUNITY IM.	MIGRATI	ON LAW CENTER
Are you being paid for your representation?		☐ Yes
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		n or organization?
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	3 1	ninutes



# Date: 6/// DO NOT WISH TO SPEAK FORM

Registra	tion Statement -	Common C	Council		
Please Print  Agenda No.	95	PLEASI Name Address	EPRINT NAME CLE  Harry Ric  18 Sha	ARLY Lardson Ovman T	<u>4</u> EV.
Please check of	)ne:	AND	Please che	ek:	
Support Oppose Neither	Support Nor Op	pose	∠ Do no	t wish to spea	ık
(If you answered "n of who you represen	you representing an orga o," <b>STOP;</b> you need not t and go on to the next q elephone number of eac	t complete the resi juestion.)	of this form. If you ans		No ide the name
Are you appearing a	or your representation? s part of your other paid o, "STOP; you need no			Yes	No No n to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		3 minutes		



## DO NOT WISH TO SPEAK FORM

Registration Statement	Common C	<u>ouncil</u>
Please Print  Agenda No. 25	Name	PRINT NAME CLEARLY Brian Jordan  922 E. Dayton St. St. B  Madison, W 53703
Please check one:	AND	Please check:
<ul><li>✓ Support</li><li>✓ Oppose</li><li>✓ Neither Support Nor Oppose</li></ul>	pose	Do not wish to speak
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que Name, address and telephone number of each	complete the rest ouestion.)	of this form. If you answered "yes," provide the name
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 not question.)		on or organization?
Speaking Limits: Public Hearing (Communication Hearing Other Items	::::::::::::::::::::::::::::::::::::::	minutes



Date: 0/110

### DO NOT WISH TO SPEAK FORM

Registration Statement	COMMITTEE	uncil
Please Print	PLEASE F	PRINT NAME CLEARLY
QC	Name	RAMONA L. NATERA 1810 FORDEM AVE #18
Agenda No.	- Address	MAQSON, WI 53704
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose		
At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the need Name, address and telephone number of	not complete the rest of xt question.)	this form. If you answered "yes," provide the name
Are you being paid for your representation		∐ Yes ∐ No
Are you appearing as part of your other real (If you answered "no," STOP; you need question.)		n or organization? Yes No fthis form. If you answered "yes," go on to the next
Information Hear	Common Council) 5 r ing 3 r 3 r	ninutes



Date: June 15t 2010

## DO NOT WISH TO SPEAK FORM

Registra	tion Statement - ַ	- Common Council				
Please Print						
			PRINT NAME CLE			
$\boldsymbol{Q}$	5	Name <u>Uvonne Geerts</u> Address <u>20 N Franklin St</u>				
Agenda No		Address <u>30 N Franklin St</u>				
		<u>Madison, WI 53703</u>				
Please check of	me:	AND	Please chec	: <b>k:</b>		
Support		Do not wish to speak				
Oppose						
Niai4han (	Support Nor Op					
(If you answered "no of who you represent	ou representing an organic," STOP; you need not tand go on to the next quelephone number of each	complete the rest on uestion.)	of this form. If you answ	vered "yes,"	⊠ No provide the name	
Are you being paid for	or your representation?			Yes	[ <b>∑</b> (No	
	part of your other paid paid paid paid paid paid paid paid			☐ Yes wered "yes,"	☐ No go on to the next	
Speaking Limits:	Public Hearing (Com					
	Information Hearing. Other Items					
	Other nems		mininto2			

## Junio 01 2010

Mi nombre: Mara Arce

Escribo estas líneas, en serial de que me opongo con la ley que intentan — establecer en este estado tan maravilloso

Que nos hace tener una benda de hegoismo, sin imaginar que se nos aproximas una - tormenta. y me pongo a pensar, a caso vecino.

una causa que desde siempre nos han dado atole con el dedo, pero un milagro.

escribir es mi familia: mi esposo y mis 2 hijas, romos >