

Date:	6		10	

#### **WISH TO SPEAK FORM**

#### **CITY OF MADISON**

Registrat	tion Statement -	COMMITTEE	ouncil		· 
Please Print  Agenda No.		PLEASE Name Address	PRINT NAME  2108  Mao	CLEARLY Lungo Lakelad usch	AR
Please check of	one:	AND	Please	check:	
Support			V	ish to Speak	<b>«</b>
Oppose					
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an orga o," STOP; you need not t and go on to the next q elephone number of each	t complete the rest uestion.)	of this form. If yo	u answered "yes,'	☐ No " provide the name
			<del> </del>		
Are you being paid for	or your representation?			□ Yes	☐ No
• • • •	s part of your other paid o, "STOP; you need not	•	_		山No " go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	· hnodad tellek chadadettklada tika	3 minutes		

(SEE BACK)

Date:	
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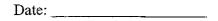
Registration Statement	COMMITTEE	Council
	PLEASE	PRINT CLEARLY
2	Name	Dave Martin
Agenda No.	Address	1406 EMIL ST.
		MADISON, NI
Please check one:	AND	Please check:
<b>Support</b>		Available to answer
Oppose		questions
Neither Support Nor O	ppose	
At this meeting are you representing an orgalized (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next	ot complete the rest	on other than yourself: Yes No of this form. If you answered "yes," provide the nam
Name, address and telephone number of ea	ich person or organiz	zation you are representing:
Deal Builders, 10	16.	
1406 EMIC ST. Madison ul		
Marsonin		
Are you being paid for your representation		Yes No
Are you appearing as part of your other pa (If you answered "no," STOP; you need n question.)		son or organization?  Yes No t of this form. If you answered "yes," go on to the nex
<u> </u>	mmon Council)	







Registrati	on Statement -	Common Council
		PLEASE PRINT CLEARLY
Agenda No	2	Name JAMES STOPPLE Address 1202 Jegent STREET MARNON
Please check of	ne:	AND Please check:
<b>Support</b>		Available to answer
Oppose	÷	questions
Neither S	upport Nor Op	ppose
(If you answered "no,		anization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name question.)
Name, address and te	lephone number of eac	ch person or organization you are representing:
MADLION	PROPIET	2 Ty MANAGEMENT
Are you being paid for	r your representation?	Yes \( \sum \) Yo
		d duties for this person or organization?  Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	mmon Council)5 minutes 3 minutes 3 minutes





Registra	tion Statement -	COMMITTEE	ouncil		
		PLEASE	PRINT CLEARLY		
Agenda No. #	2	Name _Address _	222 K	258/H	ROT.
Please check of	one:	AND	Please che	eck:	3 )/ 69
Support			X Availa	ble to ans	wer
Oppose			quest	ions	
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(If you answered "no 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 an	swered "yes,"	No provide the name
Are you being paid f	for your representation?			☐ Yes	₽No
	s part of your other paid o," STOP; you need no			☐ Yes nswered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing				

Date:	



Registrat	ion Statement	Common Co	uncil		
		PLEASE F	RINT CLEARLY		
0		Name (	PRISTOPHER GOSC	H	
Agenda No	Agenda No. 2 Address 5540 SAUTER COURT				
		4	IAUNAKEE, WI S	3597	
Please check o	ne:	AND	Please check:		
<b>Support</b>			X Available t	o answer	
Oppose			questions		
Neither S	Support Nor Opp	oose		• 1	
(If you answered "no of who you represent	ou representing an organ o," <b>STOP</b> ; you need not and go on to the next qu	complete the rest of uestion)	other than yourself:  This form. If you answered  tion you are representing:	Yes  No No was," provide the name	
GEBYAROT D	•	i person or organizat	non you are representing.		
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MADISON,	WI 53714			9	
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, "STOP; you need not	duties for this person complete the rest of	n or organization?  This form. If you answered	Yes \[ \] No if wes," go on to the next	
Speaking Limits:	Public Hearing (Com Information Hearing) Other Items	3 r			