

18993

Date:	$\subseteq$	1-21-	10

### **WISH TO SPEAK FORM**

### **CITY OF MADISON**

Registration Statement -	Common C	Council	·		
Please Print  Agenda No.	PLEASE Name Address	PRINT NA	ME CLEARLY OPLE St (10%		
Please check one:  Support	AND	Vercna Plea	se check: Wish to S	Speak	
Oppose  Neither Support Nor Op  At this meeting are you representing an orga	anization or a perso			Yes	□No
(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 think the state of	question.) ch person or organiz	zation you are			rovide 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)				] Yes } "yes," {	☐ No go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes			



Date: 9/21/2010

### **WISH TO SPEAK FORM**

### **CITY OF MADISON**

Registration Statement -	COMMITTEE	Council	
Please Print	PLEASE	SE PRINT NAME CLEARLY	
Agenda No.	Name Address	DeloRa Newton 615 E Washington Ave Madison	
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose			
Neither Support Nor Op	ppose		
At this meeting are you representing an org (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next Name, address and telephone number of ea	ot complete the rest question.)	st of this form. If you answered "yes," provide the i	name
DReater Madison	Chambile d	Depute of the second of the se	
615 Eliashington A	ve C	5	
Madism			
Are you being paid for your representation	?	Yes No	
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.)		erson or organization? Yes No No est of this form. If you answered "yes," go on to the	: next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	g	3 minutes	



Date: 9/21/10

# DO NOT WISH TO SPEAK FORM

### **CITY OF MADISON**

Registra	tion Statement	Common (	Council		
Please Print		PLEAS	E PRINT NAME CLE	EARLY	
Agenda No. 1	O	Name Address	Les Shelton 4702 Biltmon Madison, WI	c lan	
Please check the ap  Support Oppose Neither		AND	Please check to	the appropriat	
(If you answered "nof who you represent Name, address and	you representing an organ o," STOP; you need not at and go on to the next que telephone number of each	complete the resuestion.)  uperson or organ	t of this form. If you and ization you are represer	swered "yes,"	"有""我""我",我们一样,"我不是"有"我们",我们也不是"我们"。
Are you appearing a	for your representation?  as part of your other paid  so," STOP; you need not	duties for this pe complete the res	rson or organization? It of this form. If you an	☐ Yes ऒ Yes swered "yes,"	\_\No □ No 'go on to the next
Speaking Limits:	Public Hearing (Com- Information Hearing. Other Items		.3 minutes		

Date: Q - 21 - 10



## DO NOT WISH TO SPEAK FORM

### **CITY OF MADISON**

Registration Statement	t - Common Council
Please Print  Agenda No	PLEASE PRINT NAME CLEARLY  Name DERRY LLUBERTAVE  Address 4702/E BELT MORE  MADREN WE, 53717
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor O	Do not wish to speak Oppose
(If you answered "no," <b>STOP</b> ; you need of who you represent and go on to the ne	each person or organization you are representing:  [Mion of Operating Engineers 13]
Are you being paid for your representation.  Are you appearing as part of your other of the second of your answered "no," STOP; you need question.)	on?
Information Hear	Common Council)5 minutes ring



DO NOT WISH TO SPEAK FORM

Date: 9/21/10

### **CITY OF MADISON**

Registra	tion Statement - ַ	Common Co	<u>ouncil</u>
<u>Please Print</u>		PLEASE I	PRINT NAME CLEARLY
Agenda No	10	Name	Ryan Ochlhot 3 4702 5. Biltmore Cn Madison, WI 53718
Please check the ap  Support  Oppose  Neither		AND	Please check the appropriate box:
(If you answered "n of who you represen	nt and go on to the next q	t complete the rest of uestion.)	on other than yourself:  Yes No of this form. If you answered "yes," provide the name zation you are representing:
Are you appearing a	for your representation? s part of your other paid to," STOP; you need no	l duties for this perso	☐ Yes ☐ No son or organization? ☐ Yes ☐ No t of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	3 minutes



## DO NOT WISH TO SPEAK FORM

Date: \_

#### **CITY OF MADISON**

	OIL OF HADIOON
Registration Statement	- <u>Common Council</u>
	COMMITTEE
<u>Please Print</u>	PLEASE PRINT NAME CLEARLY
	Name Tom Benish
Agenda No. 10	Address 5202 Movement Cane
	madison, ωί 53704
Please check the appropriate box:	Please check the appropriate box:
<b>⊠</b> Support	AND No moderate de consolo
Oppose oppose	Do not wish to speak
Neither Support Nor O	ppose
	ganization or a person other than yourself:  \[ Yes \times No \]  not complete the rest of this form. If you answered "yes," provide the name t question.)
Name, address and telephone number of e	ach person or organization you are representing:
Are you being paid for your representation	n? ☐ Yes 📈 No
Are you appearing as part of your other pa	aid duties for this person or organization? Yes No

(SEE BACK)

Public Hearing (Common Council) ..... 5 minutes Information Hearing....... 3 minutes

question.)

Speaking Limits:



Date: <u>બ્રિમેષ્ઠ</u>

### **CITY OF MADISON**

Registrat	tion Statement - ַ	Common C	Council		
Please Print		PLEASI	E PRINT NAME CLE	ARLY	
		Name	MARK GOUT	3	
Agenda No (			4702 Biltma		
			Madisa		
Please check the ap	propriate box:		Please check tl	he appropriat	e box:
Support		AND	] [] pan	A wich to	Name of Land
Oppose Oppose				ot wish to	rspeak
Neither :	Support Nor Op	pose			
(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 res question)	t of this form. If you ans	wered "yes,"	provide the name
Are you being paid	for your representation?			Yes	X No
	s part of your other paid		rson or organization?	Yes	No No
(If you answered "n question.)	o," <b>STOP;</b> you need no	t complete the res	t of this form. If you an		
Speaking Limits:	Public Hearing (Con Information Hearing				

Date: 9/2//10



## DO NOT WISH TO SPEAK FORM

### **CITY OF MADISON**

Registrati	on Statement -	COMMITTEE	<u> Jouncii</u>		
Please Print		PLEASI	E PRINT NAME CLE	ARLY	
Agenda No / O		Name Address	TIM VALENT 2852 Cross C Verone, W/	77N Bunton Go 53593	6
Please check the app	ropriate box:		Please check t	the appropriat	e box:
Support Oppose		AND	] Jon	ot wish to	speak
At this meeting are yo (If you answered "no	upport Nor Op ou representing an orga "STOP; you need no and go on to the next of	nization or a pers t complete the res	on other than yourself: tof this form. If you an.	∏ Yes swered "yes," <sub>I</sub>	☑No provide the name
Name, address and te	lephone number of eac	th person or organ	ization you are represer	ıting:	
Are you being paid fo	or your representation?			Yes	⊠No
Are you appearing as (If you answered "no question.)	part of your other paid "STOP; you need no	l duties for this pe of complete the res	erson or organization? st of this form. If you an	☐ Yes nswered "yes,"	□No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	,	3 minutes		



Date:  $\frac{9/21/2000}{100}$ DO NOT WISH TO SPEAK FORM

#### CITY OF MADISON

Registra	tion Statement -	Common Council COMMITTEE	
Please Print  Agenda No.	-/0	PLEASE PRINT NAME  Name  Address  S34  Cross	CLEARLY LAS TIMBUSY TIMBUR LATE DAINS WE 5358
Please check the ap			neck the appropriate box:
Oppose		AND D	o not wish to speak
	Support Nor Op	pose	
(If you answered "n of who you represer	no," <b>STOP;</b> you need no nt and go on to the next o		ou answered "yes," provide the name
Are you being paid	for your representation?		☐ Yes ☐ No
		d duties for this person or organization to complete the rest of this form. If y	on?
Speaking Limits:	Information Hearing	nmon Council)5 minutes g3 minutes 3 minutes	



DO NOT WISH TO SPEAK FORM

Date: 9-21-10

#### **CITY OF MADISON**

Registrat	ion Statement	Common Co	uncil		
Please Print				ADIV	
			PRINT NAME CLE		
Agenda No. # /C	)	Address <u>∫</u>	osemary Le II W Wilson 52707	<u> EE</u>	
Please check the ap	propriate box:		Please check th	1e appropria	te box:
Support		AND			
Oppose			Do no	ot wish to	) speak
Neither S	Support Nor Op	pose			
(If you answered "no	ou representing an orga o," <b>STOP;</b> you need not t and go on to the next q	t complete the rest o		☐ Yes wered "yes,"	No provide the name
Name, address and t	elephone number of eac	h person or organiza	tion you are represent	äng:	
Are you being paid f	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 (Com Information Hearing Other Items	3	minutes		

Date: 9.10.21



# DO NOT WISH TO SPEAK FORM

### **CITY OF MADISON**

Registrat	ion Statement - ַ	Common Co	ouncil		
Please Print  Agenda No.	0	PLEASE Name Address	PRINT NAME CLE, 2 Struk ( 3718 Cour Modlson,	) Vicorai	n Thoughous S3710
Please check o	ne:	AND	Please chec	<b>.k</b> :	
Support Oppose Neither S	upport Nor Op	pose	Do not	wish to	speak
(If you answered "no, of who you represent	ou representing an orga "STOP; you need not and go on to the next q  lephone number of each	t complete the rest of uestion)	f this form. If you ansv		□ No provide the name
Are you being paid fo	r your representation?			☐ Yes	□No
	part of your other paid " STOP; you need not			☐ Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	<b>3</b> .	minutes		