



19759

Date: 9-21-10**WISH TO SPEAK FORM****CITY OF MADISON****Registration Statement - Common Council**  
COMMITTEE

Please Print

**PLEASE PRINT NAME CLEARLY**

Name

Lori Kief

Address

4413 Doe Crossing Tr  
Madison 53704Agenda No. 28, 29  
85, 86**Please check one:****AND****Please check:**☐**Support**☒**Oppose**☐**Neither Support Nor Oppose**☒**Wish to Speak**

At this meeting are you representing an organization or a person other than yourself: ☒ Yes ☐ No  
(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:

Local 60

Are you being paid for your representation?

☐ Yes☒ No

Are you appearing as part of your other paid duties for this person or organization?

☐ Yes☒ 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 (Common Council) ..... 5 minutes

Information Hearing ..... 3 minutes

Other Items ..... 3 minutes

**(SEE BACK)**