

19380

Date: 9-21-10	
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WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	- Common Co	ouncil	
Please Print	PLEASE F	PRINT NAME CLEARLY	
Agenda No	Name ROSEMARY LEE Address III W WILSON 53707		
Please check one:	AND	Please check:	
Support		Wish to Speak	
Oppose		y	
Neither Support Nor O	ppose		
At this meeting are you representing an organ (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	not complete the rest of t question.)	of this form. If you answered "yes," pyo	HNo wide the name
Are you being paid for your representation	?	Yes] No
Are you appearing as part of your other par (If you answered "no," STOP; you need no question.)			No on to the next
Information Hearin	ommon Council) 5 1 ag 3 1	minutes	



Date: 9-21-2010

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	- Common C	Council
_	COMMITTEE	
Please Print	PLEASE	E PRINT NAME CLEARLY
77	Name	Scott B. THORNION 1104 JENIFER ST
Agenda No.	- Address	1104 JENIFER ST
	⅃ .	MADISON, WI 53703
Please check one:	AND	Please check:
Support		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 new Name, address and telephone number of	not complete the rest xt question.)	t of this form. If you answered "yes," provide the name
Are you being paid for your representation	on?	☐ Yes ☐ No
Are you appearing as part of your other p (If you answered "no," STOP; you need question.)		erson or organization?
Information Hear	Common Council)	.3 minutes



Date: 9/21/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration	"我们就是我们要的,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 一个人,我们就是我们的,我们就是我们的	mmon Cou	ıncil			
Please Print		PLEASE P	RINT NAME (CLEARLY		
Agenda No. <u>77</u>		Name	<u>Susan</u> 3201		npson Jaukee =	51
Please check the appi	ropriate box:		Please che	eck the appr	opriate box:	
Support Oppose		AND]	Do	not wi	sh to speak	
Neither Sı	upport Nor Oppose					
(If you answered "no, of who you represent a Name, address and tele	u representing an organization of the second	lete the rest of n.) on or organizat	this form. If you	answered esenting:		
ALSCME	E and a pers	그 사내를 한 사람들은 함께?				
the bus & wesponsil Are you being paid for	Stops one w		1 A	have	on when to be Yes XNO	<u></u>
	oart of your other paid duties "STOP; you need not comp				Yes No "yes," go on to the	next
Speaking Limits:	Public Hearing (Common of Information Hearing	3 n	ninutes			



DO NOT WISH TO SPEAK FORM

Date: 9/21/2010

CITY OF MADISON

Registration Statement - Common Council Please Print PLEASE PRINT NAME CLEARLY Agenda No. Please check the appropriate box: Please check the appropriate box: Support AND Do not wish to speak **Oppose Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered 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? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Speaking Limits: Public Hearing (Common Council) 5 minutes

(SEE BACK)

Other Items 3 minutes

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DO NOT WISH TO SPEAK FORM

Date:

CITY OF MADISON

Registration Statement -**Common Council** Please Print PLEASE PRINT NAME CLEARLY Agenda No. Address Please check the appropriate box: Please check the appropriate box: Support Do not wish to speak AND **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: property at bus stops should not services, and have to shovel bus stops of Are you being paid for your representation? 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:

(SEE BACK)

Other Items....... 3 minutes



Date: 9/21/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement -	Common Col	<u>uncil</u>
Please Print			PRINT NAME CLEARLY
Agenda No#	=7)	NameAddress	Julie Spears 307 s. Few St Madison, W1 53703
Please check the ap	ppropriate box:		Please check the appropriate box:
☐ Support ☑ Oppose		AND	Do not wish to speak
Neither	Support Nor Op	pose	
(If you answered "n of who you represen	t and go on to the next i	ot complete the rest of question)	other than yourself: Yes Alo f this form. If you answered "yes," provide the name tion you are representing:
Are you appearing a	for your representation? s part of your other paid o," STOP; you need no	d duties for this persor	☐ Yes ☐No in or organization? ☐ Yes ☐No of this form. If you answered "yes," go on to the ne
question.) Speaking Limits:	Public Hearing (Cor Information Hearing	nmon Council)5 n 33 n 3 n	minutes minutes

Date: 9/21/10



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registra	tion Statement -	Common Council COMMITTEE			
Please Print Agenda No.	77	PLEASE PRINT NAME CLEARLY Name Ledell Zeller's Address 570 N Carroll 8			
Please check the ap Support		Please check the appropriate box: AND Do not wish to speak			
At this meeting are y (If you answered "n of who you represen	o," STOP; you need no t and go on to the next o	anization or a person other than yourself: \[Yes \] No so to complete the rest of this form. If you answered "yes," provide the n	iame		
		☐ Yes ☐ No			
Are you appearing a	for your representation? s part of your other paid o," STOP; you need no	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the	nexi		
Speaking Limits:	Information Hearing	mmon Council)5 minutes g3 minutes 3 minutes			



DO NOT WISH TO SPEAK FORM

Date: <u>Sept. 21, 2010</u>

CITY OF MADISON

Registrat	ion Statement -	Common (Council		
Please Print		PLEASI	E PRINT NAME CLE	ARLY	
2411	rough 29	Name	Douglas Peter	250n	
Agenda No. and	7		East Johnson	化氯化甲基甲基甲基氯化氢甲基甲基甲基甲基	
Please check o	ne:	AND	Please chec	:k:	
Support			🔀 Do not	t wish to	speak
Neither S	Support Nor Op	pose			
(If you answered "no of who you represent	," STOP; you need no and go on to the next of	t complete the resi question)	on other than yourself: of this form. If you answard zation you are represent	wered "yes,	☑No "provide the name
	or your representation?			∐ Yes	☑ No
	part of your other paid," STOP; you need no		son or organization? t of this form If you ans	☐ Yes wered "yes,	☑No "go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing	"我们,我们的我们就是一个是有不是一个一个,我们就是一个好好的。" 化二二十二烷			
	Other Items				