



19787

Date: 9-21-10

DO NOT WISH TO SPEAK FORM**CITY OF MADISON****Registration Statement - Common Council**

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 78

Name

ROSEMARY LEE

Address

111 W WILSON
53703

Please check the appropriate box:

☒ Support☐ Oppose☐ Neither Support Nor Oppose

AND

Please check the appropriate box:

☒ Do not 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:

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)