Date: Oct 5, 2010

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health scheduling or child-care needs at the Common Council Meeting.

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 33	Name Robert A. Steffen Address 5317 Lake Mendota Dr Madison, Wis 53708
Please check the appropriate box:	Please check the appropriate box:
	ization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name testion)
Are you being paid for your representation? Are you appearing as part of your other paid of (If you answered "no," STOP; you need not a question.)	☐ Yes ☐ No duties for this person or organization? ☐ Yes ☐ No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	non Council) 5 minutes 3 minutes



Date: 10/5/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	- Common C	ouncil		
Agenda No. Speak (Not speak)		PRINT NAME CLEAN	RLY	
Please check one:	AND	Please check	· · · · · · · · · · · · · · · · · · ·	
Support		Wish to	o Speak	
Oppose		,		
Neither Support Nor O	ppose			
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 e	each person or organiz	zation you are representin	g:	
SOUTH AFCLUE	Local Co	0,8033	Excellsiondu	
Madison, 42 53717				
608-836-4040				
Are you being paid for your representation	n?		Yes No	
Are you appearing as part of your other part (If you answered "no," STOP; you need question)				
Information Heari	ommon Council)	3 minutes		



Date: 10/0/10

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statemer	nt - <u>Common Council</u>
	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 33 ELP	Name OF HERN DEN MERER Address 9906 LARLSPUR CI WIDDI ETON W. 535122
Please check the appropriate box:	Please check the appropriate box:
Support	AND Do not wish to speak
Oppose	
Neither Support Nor	Oppose
(If you answered "no," STOP; you need of who you represent and go on to the r	organization or a person other than yourself: Yes No ed not complete the rest of this form. If you answered "yes," provide the name next question.) of each person or organization you are representing:
Are you being paid for your representat	tion?
	r paid duties for this person or organization? Yes No ed not complete the rest of this form. If you answered "yes," go on to the next
Information He	(Common Council) 5 minutes aring 3 minutes 3 minutes

(SEE BACK)



DO NOT WISH TO SPEAK FORM

Date:

CITY OF MADISON

Registration Statement -	Common C	<u>ouncil</u>			
Please Print	DIEACE				
	FLEASE	PRINT-NAME CLEARLY			
#33	Name 2	ANATONANGKY MAURER			
Agenda No.	Address _	307 WINN COURT			
464		DEFOREST, W1 53632			
Please check one:	AND	Please check:			
Support		Do not wish to speak			
Oppose					
☐ Neither Support Nor Op	pose				
At this meeting are you representing an orga	-	of this form. If you answered "yes," provide the name			
of who you represent and go on to the next q		y mis form: If you miswered yes, provide me name			
Name, address and telephone number of eac	ch person or organiz	ation you are representing:			
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m/ / 010-02	100				
100 ay CVERCORE					
Are you being paid for your representation?		☐ Yes ☐ Wo			
Are you appearing as part of your other paid (If you answered "no," STOP ; you need no question)		on or organization? Yes XNo of this form. If you answered "yes," go on to the next			
Speaking Limits: Public Hearing (Com	nmon Council) 5	minutes			
Information Hearing		minutes			
Other Items	antitratisis turaja perioda arangansa 🕹				