

Date: 10/5/10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council							
Please Print		PLEASE	PRINT NAME CLEARI	_Y			
Agenda No		Name ATI ZAHLER Address					
Please check one	•	AND	Please check:				
Support			Wish to	Speak			
Oppose	Oppose						
Neither Sup	port Nor Opp	ose					
At this meeting are you representing an organization or a person other than yourself: [X] Yes							
Are you being paid for you appearing as par (If you answered "no," Squestion)	t of your other paid d	uties for this perso omplete the rest o	on or organization? MA [If this form If you answere	Yes No Yes No d "yes," go on to the next			
Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing							



DO NOT WISH TO SPEAK FORM

Date:

CITY OF MADISON

Registrati	on Statement - ַ	Common COMMITTEE	Council			
Please Print Agenda No.		PLEASE PRINT NAME CLEARLY Name Luis Gonzalez				
		Address 2705 W. Belthi Wadison, W.				
Please check one:		AND	Please check:			
Support Support			Do not wish to speak			
Oppose			Available for Questions			
Neither St	apport Nor Op	pose	Questions			
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? 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 (Com Information Hearing Other Items		3 minutes			



DO NOT WISH TO SPEAK FORM

Date:

CITY OF MADISON

Registrati	on Statement -	nent - Common Council					
Please Print			E PRINT NAME CLEAR				
Agenda No.			SanJuana 5314 Namek Madicon, w	agonLN			
Please check or	1 e:	AND	Please check				
Support Oppose Neither Support Nor Oppose							
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: Puerto Escandido Licente/Bær							
Are you being paid for your representation?							
Are you appearing as a (If you answered "no, question)				Yes No red "yes," go on to the next			
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		5 minutes 3 minutes 3 minutes				

(SEE BACK)