

Date:	10	151	lio
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WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	Common C	ouncil			
Agenda No. (33)		PRINT NAME CLEARLY Tim BirWley			
Please check one:	AND	Please check:			
Support		Wish to Speak			
Oppose					
Neither Support Nor Opp	ose				
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: Yes No 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 of	duties for this per complete the rest				
Speaking Limits: Public Hearing (Communication Hearing Other Items		3 minutes			



Date: 10/5/00

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registrat	ion Statement - ַ	Common COMMITTEE	Council		
Please Print Agenda No.	346)	PLEASE PRINT NAME CLEARLY Name ATTHUN DEMINERER Address 0906 LARLSPUR CI MIDDLETON W 53562			
Please check the appoint Support Oppose Neither S	propriate box: Support Nor Op	AND		the appropriate box:	lk
(If you answered "no of who you represent	ou representing an orga b," STOP; you need no t and go on to the next q elephone number of eac	t complete the re question)	est of this form. If you a	nswered "yes," provide i	the name
Are you appearing as	or your representation? s part of your other paid o, "STOP; you need no			☐ Yes ☐ No ☐ Yes ☐ No answered "yes," go on to	
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minutes		

(SEE BACK)



DO NOT WISH TO SPEAK FORM

Date: _

CITY OF MADISON

Registratio	on Statement	COMMITTEE	Council		
Please Print		PLEASI	E PRINT NAME CLE	ARLY	
Agenda No.	33	Name Address	CANATONANYX 307 WIN. DEFCREST	Y MAURER N CCURT WI 536	32
Please check on	e: [AND	Please che	ck:	
Support Oppose			Do no	t wish to speak	
Neither Su	ipport Nor Opp	oose			
At this meeting are you (If you answered "no," of who you represent a	'STOP; you need not	complete the resi		☐ Yes ☐ No swered "yes," provide the	e name
Name, address and tele	phone number of each	person or organi	zation you are represen	ting:	
hoci	9h 60-	Suppor	4 main	ang local	<u>60</u>
Mr a4	WEREO	INE			
Are you being paid for	your representation?			☐ Yes ☐ Wo	
Are you appearing as partial (If you answered "no," question)				Yes No swered "yes," go on to th	he next
	Public Hearing (Comn Information Hearing Other Items		3 minutes		