

19944+20227

Date: 11 30 10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	COMMITTEE	ouncil		
Agenda No. 25426	PLEASE Name _ Address _	PRINT NAME 311 2768	ECLEARLY Latelan	d Ave
Please check one:	AND	Please	check:	
Support Oppose		□ v	Wish to Speak	
Neither Support Nor Op	opose			
At this meeting are you representing an org (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	ot complete the rest of question.)	of this form. If yo	ou answered "yes,"]	No provide the name
Are you being paid for your representation?	?		Yes	No
Are you appearing as part of your other pair (If you answered "no," STOP; you need no question.)	d duties for this person of complete the rest of	on or organization of this form. If y	on? Yes ou answered "yes,"	No go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items		minutes		

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•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No		
	vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)		
If you are t that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised		
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		