



20515

Date: 1/4/11

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 10

Name RANDY DAVIS

Address 7910 BOWMAN RD.
LODI, WI

Please check one:

AND

Please check:

☒ Support☐ Oppose☐ Neither Support Nor Oppose☒ Available to answer
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:

WATERMARK JT, LLC

1863 INDEX RD,

MADISON, WI

274-5550

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)

REGISTRATION STATEMENT - PAGE 2

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____



Date: 1-4-10

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. ~~2236~~ 11

Name

Troy Rost

Address

2616 KENNAPE AVE

Please check one:

AND

Please check:



Support



Oppose



Neither Support Nor Oppose



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

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Signature _____

Print Name _____



Date: 1-4-11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name

Darsi Foss

Address

2533 Kendell
Madison WI

Agenda No. 20596 11

Please check one:

AND

Please check:

☐ Support

☒ Wish to Speak

☐ 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:

Regent Neighborhood Assoc

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

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Date 1-4-11

Signature

Darsi Foss

Print Name

Darsi Foss



Date: 1/4/11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 11

Name Craig Christianson

Address 234 Lathrop St.
Madison, WI 53726

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ Wish to Speak

At this meeting are you representing an organization or a person other than yourself? ☐ Yes ☒ No
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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?

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Date 1/4/2011

Signature



Print Name

Craig J Christensen



Date: 1.4.11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 11

Name BRIAN MUNSON

Address 120 EAST LAKESIDE STREET
MADISON

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ 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:

MULLINS DEVELOPMENT

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.)

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If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

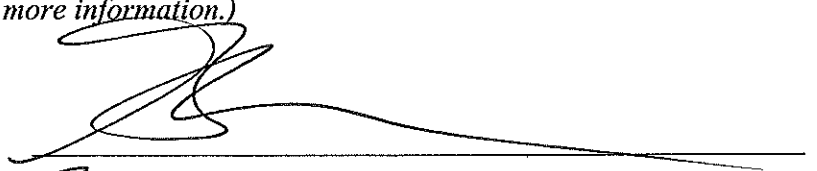
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Date 1 Apr. 2011

Signature

Print Name


Brian Munson



Date: _____

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

PLEASE PRINT CLEARLY

Name Susan Springman

Address 401 W Carroll St

Madison WI

Agenda No. 11

Please check one:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

AND

Please check:

☒ Available to answer 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?

☐ 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.)

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Date 1-4-10

Signature 

Print Name _____



Date: 1-4-11

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Name Brian Mullins
Address 1903 Rowley Avenue
Madison, WI 53726

Agenda No. 11

Please check one:

- ☒ Support
☐ Oppose
☐ Neither Support Nor Oppose

AND

Please check:

- ☒ Available to answer
questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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Are you being paid for your representation?

☐ Yes ☐ No

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☐ Yes ☐ No

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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____



Date: 1/4/11

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Name Brad Mullins
Address 401 N. Carroll St.
Madison, WI 53703

Agenda No. 11

Please check one:

- ☒ Support
☐ Oppose
☐ Neither Support Nor Oppose

AND

Please check:

- ☒ Available to answer
questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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Are you being paid for your representation?

☐ Yes ☐ No

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Date 1/4/10

Signature Carol Mullins
Print Name Carol Mullins



Date: 1/4/11

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Name Carol Mullins

Address 844 Prospect Pl.
Madison WI 53703

Agenda No. 11

Please check one:



Support



Oppose



Neither Support Nor Oppose

AND

Please check:



Available to answer
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?

☐ Yes

☐ No

Are you appearing as part of your other paid duties for this person or organization?

☐ Yes

☐ No

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Date

1/4/10

Signature

Bred Mullins

Print Name

Bred Mullins



Date: _____

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Agenda No. 11

Name

STEVE HOLZHNER

Address

222 W WASHINGTON AV
SUITE 650

Please check one:

AND

Please check:



Support



Available to answer
questions



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:

MULLINS GROUP

EPPSTEIN UHEN ARCHITECTS

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.)

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Date 1/4/11

Signature

Print Name


Steve Holzhauser



Date: 1/4/11

AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

PLEASE PRINT CLEARLY

Name Karen Christanson
Address 234 Lathrop St
Madison

Agenda No. 11

Please check one:

AND

Please check:

- ☒ Support
☐ Oppose
☐ Neither Support Nor Oppose

☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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Are you being paid for your representation? ☐ Yes ☐ No

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Date 1/4/11

Signature Karen Christianson
Print Name Karen Christianson



Date: 1-4-11

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name

ROSEMARY LEE

Address

111 W WILSON # 108
53703

Agenda No. 11

Please check one:

AND

Please check:

☒ Support

☐ Oppose

☐ Neither Support Nor Oppose

☒ Do not wish to speak

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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Are you being paid for your representation?

☐ Yes ☐ No

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Date _____

Signature _____

Print Name _____