



Date:	1400-	ĺ	8	**	4	

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common Co	uncil
Please Print	PLEASE F	PRINT NAME CLEARLY
Agenda No. 4 872	Address	JON Hair 1340 E Wilson Madison, WI 53703
Please check one:	AND	Please check:
Support		Do not wish to speak
Oppose Neither Support Nor Op 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	question.)	bette planning for unter tation. Also concerned that is not time for businesses to plant other than yourself: Yes No this form. If you answered "yes," provide the name
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this perso	☐ Yes ☐ No on or organization? ☐ Yes ☐ No f this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 1 g3 1	minutes



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Date:		7/k	
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DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common Co	ouncil	
Please Print	PLEASE	PRINT NAME	E CLEARLY
Agenda No. 4 9 72			E. WILSON / HOL WILLIA
Please check one:	AND		check:
At this meeting are you representing an orga	anization or a person	other than you	
(If you answered "no," STOP ; you need no of who you represent and go on to the next of Name, address and telephone number of each the part of the pa	question.)	ntion you are re	
1101 WILLIAM MADISON			
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	duties for this perso		
Speaking Limits: Public Hearing (Con Information Hearing Other Items	;3 .	minutes	



Date:	

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registrat	ion Statement -	Common Co	uncil	
Please Print Agenda No.	4	PLEASE P Name	PRINT NAME CLEAP Polf Rode 602 S tho Madicon	feld
Please check of Support Oppose Neither S	ne: upport Nor Op	AND	Please check Do not v	: vish to speak
(If you answered "no, of who you represent	and go on to the next q	t complete the rest of nuestion.)		Yes No red "yes," provide the name g:
Are you appearing as	r your representation? part of your other paid "STOP; you need not Public Hearing (Com Information Hearing. Other Items	nmon Council)5 n	this form. If you answeninutes	☐ Yes ☐ No ☐ Yes ☐ No red "yes," go on to the next

(SEE BACK)



Date:	

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	Council		
Please Print	PLEASI	E PRINT NAME	CLEARLY	
Agenda No. 72	Name Address	BRAD HI 217 CORRE	AKFUSS 7 ST	
Please check one:	AND	Please	check:	
☐ Support		N W	Vish to Speak	
Oppose				
Neither Support Nor Op	pose			
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 of Name, address and telephone number of each	ot complete the rest question.)	of this form. If you	u answered "yes," provide the n	ame
Are you being paid for your representation?			☐ Yes ☐ No	
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)				next
Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes		

(SEE BACK)



Date: 8 am 11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	ouncil		
Please Print Agenda No	PLEASE Name Address	PRINT NAM	ECLEARLY Work	er bego At
Please check one:	AND	Pleas	e check:	
Support			Wish to Spea	k
Oppose		,		
Neither Support Nor Op	pose			
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest question.)	of this form. If y	you answered "yes,	☑ No " provide the name
Are you being paid for your representation?			☐ Yes	□ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	l duties for this pers		ion? Yes	☐ No " go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	3	minutes		

(SEE BACK)



Date: Jan 18-20/

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -		Council	
Please Print	COMMITTEE PLEASE	E PRINT NAI	ME CLEARLY
Agenda No. 42	Name Address	JANNE 350 B MADIE	SCHILLING RUSSIII ST SON
Please check one:	AND	Plea	se check:
☐ Support			Wish to Speak
Oppose			
Neither Support Nor Op	pose		
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest question.)	of this form. Ij	f you answered "yes," provide the name
		·	
Are you being paid for your representation?			∐ Yes
Are you appearing as part of your other paid (If you answered "no," STOP ; you need no question.)			
Speaking Limits: Public Hearing (Com Information Hearing Other Items		3 minutes	