

20768

Date:								
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WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	COMMITTEE	ouncil			
Agenda No. 2076 8	PLEASE Name Address	PRINT NAME CLEARLY ROW KLASS 7530 WESTWAND WAS			
Please check one:	AND	Please check:			
Support		Wish to Speak			
Oppose					
Neither Support Nor Opp	pose				
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: HATOOM LAKE MEDOTA DR.					
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 not question.)		on or organization? Yes No of this form. If you answered "yes," go on to the next			
Speaking Limits: Public Hearing (Com- Information Hearing Other Items	3	minutes			

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

-		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you a that:	are beir	ng 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?
Room 1	03 of th	the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	/-	Print Name Ronau R. Klass



AVAILABLE TO ANSWER QUESTIONS FORM

CITY OF MADISON

Registra	tion Statement -	COMMITTEE	ouncil		•			
PLEASE PRINT CLEARLY								
Agenda No.		Name Address	JOHN WIG 5426 LAI MADISON	re me	•			
Please check	one:	AND	Please check	k:				
Support Oppose			Availab question	le to ansv ns	wer			
Neither	Support Nor O _l	ppose						
(If you answered "n of who you represen	t and go on to the next	ot complete the rest question.)	n other than yourself: of this form. If you answer zation you are representing		No provide the name			
Are you appearing a	for your representation? s part of your other paid o, " STOP; you need no	d duties for this pers	on or organization? of this form. If you answ	☐ Yes ☐ Yes ered "yes," g	□ No □ No go on to the next			
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	33	minutes					

REGISTRATION STATEMENT - PAGE 2

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?				
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)				
If you are bei that:	ng 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?				
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				

Date: 1/18/11

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name FRANK STANISZEWSKY Address 413 MEADOWLARK DR
	MADISON, WI 53714
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you representing an organization (If you answered "no," STOP ; you need not complete of who you represent and go on to the next question	lete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each person	on or organization you are representing:
MANISON DEVELORME	NT CORPORATION
550 W. WASHINGTON A	
MADISON, WI 53703	608-256-2799
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not compaquestion.)	for this person or organization? Yes No No lete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Conformation Hearing	3 minutes

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee other governmental body?	g solely on behalf of you	r office or for you ☐ Yes	r municipality or No	
(If you answered "yes" to the question, this form. If you answered "no" to the q			this form, except t	hat you must sign
If you are being paid for your represent that:	ntation, or if you	appearance is part of or	ther paid duties, p	please be advised
1. Before you engage in lo with the City Clerk.	bbying as a lobby	yist, you or your principa	l must file an autl	norization
2. Your principal is not pe City Clerk.	ermitted to author	rize you to lobby unless	you are registered	I with the
	principal must fi	e than \$1,000 for lobbyin le expense statements w	•	
(Please go to the City Clerk's websit Room 103 of the City-County Building,			<u>ıl</u> or go to the (Clerk's Office at
Date	Signature	Irank Stam	aguskir	
,	Print Name	PANK STANISSE	swsr1	