



16662

Date: 2/22/11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>66</u>

Name Sam Polstein
 Address 925 Fahrenbrook Ct. #233
Madison, WI 53715

Please check the appropriate box:

Please check the appropriate box:

Support

AND

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:

Associated Students of Madison
333 East Campus Mall

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

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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Date _____

Signature _____

Print Name _____



Date: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 66

Name Erik Pylon
Address 616 E Dayton St #7

Please check the appropriate box:

Please check the appropriate box:

Support

AND

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:

Are you being paid for your representation? Yes No

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Date: 2/22/11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 66

Name Bill White
Address 2708 Lakeland

Please check the appropriate box:

Please check the appropriate box:

Support

AND

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:

AAGCW

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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Information Hearing..... 3 minutes
Other Items..... 3 minutes

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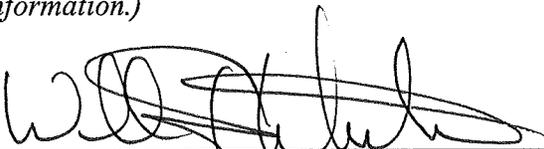
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Date 2/22/11

Signature



Print Name

Wm F White



Date: 2/22/11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 604

Name Rachel Gorin
Address 609 Whalen Road

Please check the appropriate box:

Please check the appropriate box:

Support

AND

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:

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

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Signature _____

Print Name _____



Date: 2.22.11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 606

Name Margaret Watson
Address 6743 Rolling Oaks Lane
Verona, WI 53593

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
(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
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Other Items 3 minutes

(SEE BACK)

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Date 2.22.11

Signature 

Print Name _____



Date: 2/22

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 66

Name Rachel Klaven
Address 409 W Millin #1
Madison WI 53703

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
(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.)

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Date 2/22/11

Signature 

Print Name Rachel Klawen



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 06

Name Kate Robertson

Address 409 W. Mifflin St. #1
Madison, WI 53703

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
(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.)

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REGISTRATION STATEMENT - PAGE 2

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Date 2-22-11

Signature 

Print Name Kate Robertson



Date: _____

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 66

PLEASE PRINT NAME CLEARLY

Name Michael Stlukq
Address 109 N Randall Apt 3
Madison

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
(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.)

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Signature _____

Print Name _____



Date: 2/22/11

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 606

Name April Degner
Address 7409 Timberlake Trl #103
Madison, WI 53719

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
(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.)

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Date _____

Signature _____

Print Name _____



Date: 7-22-11

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 66

Name Alyssa Hellenbrand-Best
Address 504 Bridlewood Ln
Watertown, WI 53094

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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Signature _____

Print Name _____



Date: 2/22/11

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 664

Name Jacyln Skjerve

Address 4613 Prairie Rd

Madison, WI 53711

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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Signature _____

Print Name _____



Date: 2/22/11

DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 66

Name Scott Resnick

Address 661 Mendota Ct #1401
Madison WI 53703

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
(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.)

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(SEE BACK)

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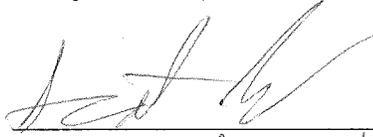
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Date 2/22/11

Signature 
Print Name Scott Rosnick



Date: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 66

Name JAMES STOPPLE
Address 1202 REGENT ST
MADISON, WI 53715

Please check the appropriate box:

Please check the appropriate box:

Support

AND

Wish to speak

Oppose

Neither Support Nor Oppose

At this meeting are you representing an organization or a person other than yourself: Yes No
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Signature _____

Print Name _____