

Date: 4/9/18

WISH TO SPEAK FORM

Registration Statement -	Common C	ouncil
	COMMITTEE	
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No.	Name Address	Naomi Lipke 1417 Williamson St. #2 Madison, WI 53703
Please check one:	AND	Please 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. If you answered "yes," 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.)		son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	,	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or least the solely?
(If you ans this form. I	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
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	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 4/19/U

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	COMMITTEE	Council
Please Print Agenda No	Name	EPRINT NAME CLEARLY FOWARD KNAMARSKI 405 SIDNEY ST. MADISON, WI 53703
Please check one:	AND	Please check:
Support		Wish to Speak
		Wish to Speak MIT GREBENS SHOULD BE ARD POUCY FOR CITY PRIJECTS.
At this meeting are you representing an organ (If you answered "no," STOP ; you need not of who you represent and go on to the next qu	complete the rest	on other than yourself:
Name, address and telephone number of each	n person or organi	zation you are representing:
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		☐ Yes ☐ No son or organization? ☐ Yes ☐ No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items	·	3 minutes

(SEE BACK)

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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.)
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Date	Signature
4	Print Name



Date:	4	-1	9	~	11	

Registration Statement -	COMMITTEE	Council		
Please Print	PLEASE	PRINT NA	ME CLEARLY	
Agenda No	Name	J&	2 Moths 75 Rimra Talburg, L	2K NI 33713
Please check one:	AND	Plea	ise check:	
Support			Wish to Spea	ık
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	t complete the rest			
Name, address and telephone number of eac	h person or organiz	ation you are	representing:	
Communt Acti	LOV COF	lition	FOCS, C.	WI, Me
1717 N. STOUR				
Modeson, Cot	53	3704		
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.)				
Speaking Limits: Public Hearing (Com- Information Hearing. Other Items	3	minutes		

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?			
If you answer this form. If yo	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.)			
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	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 Signature Signature			
	Print Name Joseph 9 W			



Date: 4-19-2011

WISH TO SPEAK FORM

Registration Statement	Common C	Council	
Please Print	PLEASE	E PRINT NA	ME CLEARLY
Agenda No. 2	Name Address	Susan 3427	Rosa Viburnum Dr 53705
Please check one:	AND	Plea	se check:
Support		\boxtimes	Wish to Speak
Oppose			
Neither Support Nor Opp	pose		
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que. Name, address and telephone number of each	complete the rest uestion.)	of this form. I	If you answered `'yes,'' provide the name
Downtown Community	Gardon	s Gro	up
29 E. Wilson, Madisi	Company Comments		!
251-278		•	
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.)			
Speaking Limits: Public Hearing (Communication Hearing Other Items		3 minutes	

•	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.)
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Date	Signature
	Print Name



Date:	
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Registration Statement -	Common C	Council
Please Print		
	PLEASE	E PRINT NAME CLEARLY
Agenda No. 2	Name Address	
		Madison 53703
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		Gardens
Neither Support Nor Opp	pose COMM	on other than yourself: Nes \(\tag{No} \)
3ut Supr	101	
	complete the rest	on other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organi	zation you are representing:
Downtown Community Gara		
Transport Commonito Cara		
		•
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.)		son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items		3 minutes

-	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
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Date	Signature
	Print Name



Registration Statement -	COMMITTEE	Council	10 31 (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	·
Please Print	PLEASE	E PRINT NA	ME CLEARLY	
Agenda No.	Name Address	126	nha Olse E Wilson Lison, Wl	8
Please check one:	AND	Plea	ase check:	
Support		\boxtimes	Wish to Spea	k
Oppose				
Neither Support Nor Opp	pose			
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que. Name, address and telephone number of each	complete the rest uestion.)	of this form.	If you answered "yes,	☐ No " provide the name
Both speaking for	myseit		Anthony	Mayer
LEEDAP, Green Roo	f Professi	onal		
on Board of Directors vice President 7 Are you being paid for your representation?	for Wisi	consin	Green Bulla	ling Alliance
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)				" go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items		minutes	Pione	L

Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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Date	Signature
	Print Name



Date: <u> </u>	[19	///	
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CITY OF MADISON

Registrat	ion Statement -	Common (Council		
Please Print Agenda No.		PLEASE Name Address	E PRINT NA YEUW 225 E Madison	ME CLEARLY Schlesson Cast Lakelan WI 5370	
Please check o	ne:	AND	Plea	ase check:	
Support Oppose			X	Wish to Speal	ζ.
	Support Nor Op	pose			
(If you answered "no of who you represent	ou representing an organ," STOP; you need not and go on to the next queen of each	complete the rest uestion.)	of this form.	If you answered "yes,'	No No rovide the name
Are you appearing as (If you answered "no,	r your representation? part of your other paid "STOP; you need not				☐ No ☐ No " go on to the next
question.) Speaking Limits:	Public Hearing (Communication Hearing Other Items		3 minutes		

(SEE BACK)

re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?		
f you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign is form. If you answered "no" to the question, go on to the next question.)		
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ate 4/19/(1 Signature Lee 5 Alee 5		
Print Name Kenn Schiesser		



DO NOT WISH TO SPEAK FORM

Registrati	on Statement - ₋	Common Co	uncil		
Please Print		PLEASE F	RINT NAME CLE	EARLY	
Agenda No2		NameAddress	Alex Cram 311 N Frankli		
Please check or	ne:	AND	Please che	ck:	
Support	·		🗵 Do no	t wish to speal	K
Oppose					
Neither S	upport Nor Op	pose			
At this meeting are yo (If you answered "no, of who you represent of Name, address and telescope and telescope and telescope and telescope are the second se	" STOP; you need not and go on to the next q	t complete the rest of question.)	this form. If you ans	swered "yes," provid	
Are you being paid for	•				No
Are you appearing as partial (If you answered "no, question.)				∐ Yes □ N swered "yes," go on	
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	3 r	ninutes		

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Date	Signature
	Print Name



DO NOT WISH TO SPEAK FORM

CITY OF MADISON

Registration Stat	ment - Common Council	
Please Print	PLEASE PRINT NAME CLEARLY	
Agenda No.	Name Address 404 S. Park St. Apt 2 Madson W 53715	
Please check one:	AND Please check:	
Support	Do not wish to speak	
Oppose		
☐ Neither Support	lor Oppose	
(If you answered "no," STOP ; y of who you represent and go on	ng an organization or a person other than yourself: Yes No uneed not complete the rest of this form. If you answered "yes," provide the nather the next question.) ber of each person or organization you are representing:	me
Are you being paid for your repr	entation?	
	other paid duties for this person or organization? Yes No u need not complete the rest of this form. If you answered "yes," go on to the no	exi
Informat	ring (Common Council)5 minutes 1 Hearing	

(SEE BACK)

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