

Date: Oct 18,201

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	COMMITTEE	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No	Name Address	Jason Myall 620 N Carroll St Apt 314 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 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	ot 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.)	d duties for this per ot complete the rest	son or organization?
Speaking Limits: Public Hearing (Con Information Hearing Other Items	5	3 minutes

REGISTRATION STATEMENT - PAGE 2

Are you an el other governr	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 be that:	ing 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 103 of	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.)