Date: 10/25/20()

CITY OF MADISON

Registration Statement	- Water Utility Board
Places Pulut	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 24259	Name Michae Klentz Address 6/08 Toma hart Trail
	Address 6/08 Johna Law 1/1911
Please check the appropriate boxes:	
Support	and Wish to speak
☐ Oppose☐ Neither Support Nor Opp	Do not wish to speak Available to answer questions
At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the next	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name at question.)
Name, address and telephone number of e	each person or organization you are representing:
	- 1, x - 2, x
Are you being paid for your representatio	n? Yes 🖂 No
Are you appearing as part of your other part (If you answered "no," STOP; you need question.)	aid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Heari	ommon Council)5 minutes ng3 minutes