



23675

Date: 11/1/2011

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

2

Agenda No. City Budget

PLEASE PRINT NAME CLEARLY

Name

George Hagenauer

Address

5 Odana CtMadison WI 53719

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:

Y-C 5 Odana CtMadison WI 53719

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

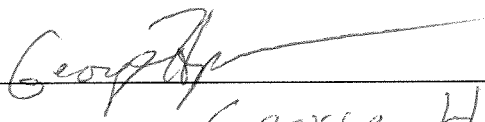
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 11/1/2011

Signature 
Print Name George Hagenauer



Date: _____

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 2.

Name

STEVE HEAD

Address

2134 Oakridge Ave
MADISON

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
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☐ Yes ☒ No

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Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

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REGISTRATION STATEMENT - PAGE 2

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Date Nov 1, '11

Signature

Print Name

Steve Head
STEVE HEAD



Date: 11-1-11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name Beth Racette
Address 3121 Emmet
Madison WI 53704

Agenda No. # 2

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☒ ~~Neither Support Nor Oppose~~

☒ Wish to Speak

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Date _____

Signature _____

Print Name _____



Date: 11/1/11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 2

Name JAN HAMIK

Address 1704 HILTON HEAD
MADISON, WI 53719

Please check one:

AND

Please check:

☐ Support

☒ Oppose - *Mayor's Budget*

☒ Neither Support Nor Oppose

☒ Wish to Speak

At this meeting are you representing an organization or a person other than yourself? ☐ Yes ☒ No
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☐ Yes ☒ No

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Date _____

Signature _____

Print Name _____

1/2 the staff



Date: 11-1-11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 2

Name

Jennifer McCulley

Address

509 Ashler Dr

Verona

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:

AFSCME Council 40

8033 Excelsior Dr.

Madison, WI 53717

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

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Date 11-1-11

Signature

Jennifer McCully

Print Name

Jennifer McCully

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55402



Date: 11/1/11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Name

Becky Steinhoff

Address

2134 Linden Ave
Madison, WI 53704

Agenda No. 2

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Wish to Speak

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Are you being paid for your representation?

☐ Yes ☐ No

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Date _____

Signature _____

Print Name _____



Date: 1/1/11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 2

Name

BRIAN BUTLER

Address

132 E. WILSON APT 1107
MADISON 53703

Please check one:

AND

Please check:

☐ Support

☒ Oppose

☐ Neither Support Nor Oppose

☒ Wish to Speak

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Name, address and telephone number of each person or organization you are representing:

OVERTURE

Are you being paid for your representation?

☐ Yes ☒ No

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☐ Yes ☒ No

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Date

1/1/11

Signature

B. Butler

Print Name

BRIAN BUTLER

1769



Date: 11/11/11

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. #2

Name

LINDA BACOW

Address

2930 LAKE LAND
MADISON

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
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Name, address and telephone number of each person or organization you are representing:

OCF

Are you being paid for your representation?

☐ Yes

☒ No

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