

25489

Date:	3-	6	- (Q	

WISH TO SPEAK FORM

CITY OF MADISON

Registration	on Statement -	COMMITTEE	Council		
Please Print				ME CLEARLY	
Agenda No3	6	Name Address	441	L Mc Donn N. Paterso Pism	
Please check on	e:	AND	Plea	se check:	
Support			X	Wish to Spea	ı k
Oppose					
Neither Su	pport Nor Op	pose			
At this meeting are you (If you answered "no," of who you represent an Name, address and teleg	STOP; you need no and go on to the next of	t complete the rest question.)	of this form.	If you answered "yes,	المجاليب
Are you being paid for	your representation?			☐ Yes	ои <u>,</u>
Are you appearing as pa (If you answered "no," question.)					☐ No ," go on to the next
	Public Hearing (Com Information 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.)
If you are b that:	being 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.
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name



Date: 3-6-12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement	- Common C	ouncil		
Agenda No. 36 800 Thanks	PLEASE Name Address	Bob Kleb 1213 E. M Madison	ARLY Sha Mifflin W	
Please check one:	AND	Please chec	ek:	
Support		Wish	to Speak	
At this meeting are you representing an or (If you answered "no," STOP; you need to of who you represent and go on to the next. Name, address and telephone number of e	ganization or a perso not complete the rest t question.)	of this form. If you ansv		'me
Are you being paid for your representation Are you appearing as part of your other pa (If you answered "no," STOP; you need n question.)	aid duties for this personot complete the rest	of this form. If you answ	☐ Yes ☑ No ☐ Yes ☑ No wered "yes," go on to the no	 ext
Information Hearing	ommon Council)5 ng3 3	3 minutes		

Are you an el other government	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
	Print Name

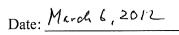


*	Date:	ا ما (6

CITY OF MADISON

Registration Statement -	Common C	Council		
Agenda No. 36 Thanking 200 Block	PLEASE Name Address	PRINT NAME OF David La 1213 E. Madisa	SLEARLY Daugh Miffle M, W/	`^
Please check one:	AND	Please c	heck:	
☐ Support☐ Oppose		Wi	sh to Speal	K
Neither Support Nor Opp	ose			
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 (lestion.)	of this form. If you o	answered "yes,"	No provide the name
Are you being paid for your representation? Are you appearing as part of your other paid of (If you answered "no," STOP; you need not equestion.)	_	_	∐ Yes □ Yes answered "yes,"	∐No No go on to the next
Speaking Limits: Public Hearing (Comm Information 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?
	ered "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





Registration Statement -	Common C	Council	
	COMMITTEE		
Please Print	PLEASE	E PRINT NA	ME CLEARLY
Agenda No36	Name Address	Tom New 168 N.	Prospect Avenue WI 53726
		Madison	WI 33124
Please check one:	AND	Plea	se check:
⊠ Support		X	Wish to Speak
Oppose			
Neither Support Nor Op	nose		
Treither Support Nor Sp	pose		
At this meeting are you representing an orgalized (If you answered "no," STOP; you need not of who you represent and go on to the next of Name, address and telephone number of each	ot complete the rest question.)	of this form.	If you answered "yes," provide the name
Urban Land Interests	on person or organi	zacion you are	representation.
10 East Doty Street, Suite 30	>		
Madrim, WI 53703		-0706	
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.)			
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	ç	3 minutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
,	ered "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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,	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	



Date: 3 - 6 - 12

WISH TO SPEAK FORM

Registration Statement	Common C	Council
	COMMITTEE	
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No. 36 · 25489	Name Address	KEUIN ODKESCOLI 150 LAKEWOOD BLUD WADISM, WI 53704
Please check one:	AND	Please check:
Support		Wish to Speak
Oppose		
Neither Support Nor Opp	pose	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q Name, address and telephone number of each	complete the rest uestion.)	st of this form. If you answered "yes," provide the name
10 EAST DO	My STA	Ket
Un AD CHON	الأرا	53703
Are you being paid for your representation?	C	Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)		erson or organization? Yes No No st of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	••••••••••••••••••••••••••••••••••••	3 minutes

•		nental body? The property of behalf of your office or for your municipality of the property
		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 that:	are be	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 the City-County Building, Madison, for more information.)
Date _.	3-	Signature Print Name Print Name



Date: 3 - 6 - 12

WISH TO SPEAK FORM

Registration Statement -	Common C	Council
Please Print	PLEASE	E PRINT NAME CLEARLY
Agenda No	Name Address	Emily Mehl 14 cathy ct. Midison, 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 not of who you represent and go on to the next q Name, address and telephone number of each Urban Land Theresty	t complete the rest uestion.)	t of this form. If you answered "yes," provide the name
10 East Doty, Suite	300	
Madison WI. 53	103	608-251-0706
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.)		rson or organization? Yes No to fthis form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing. Other Items		3 minutes

Are you an eleother governm	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.)
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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 3	- (0-20 2 Signature \ Me4
	Print Name Emily Wehl



Registration Statement -	COMMITTEE	ouncil	
Please Print	PLEASE	PRINT NA	ME CLEARLY
Agenda No. 36	Name <u>/</u> Address _	Anne M 1933 Ke Madisor	eyestive
Please check one:	AND	Plea	se check:
Support			Wish to Speak
Oppose			only if other ULI
Oppose Neither Support Nor Oppose Out g time.			
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	ot complete the rest		
Name, address and telephone number of ea	ch person or organiz	zation you are	e representing:
Urban Land Interests	pets		
80 E Doty, Madison 4)/ 537//		
Are you being paid for your representation	?		☐ Yes 🗹 No
Are you appearing as part of your other pai (If you answered "no," STOP ; you need n question.)			
Information Hearin	mmon Council)g	3 minutes	

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
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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 a City-County Building, Madison, for more information.)
Date _	3/6/12	Signature Anne LN MOVISON
		Print Name AMC LN MOVY ISON



Date:	- LINANGA AND AND AND AND AND AND AND AND AND AN
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CITY OF MADISON

Registra	ation Statement -	COMMITTEE	Council		·
Please Print		ME CLEARLY			
Agenda No	36	Name Address	5AND 44/ /	RA WAR PATERSO.	'D X 5370
Please check	one:	AND	Plea	se check:	
Support Oppose	t			Wish to Spea	ık
At this meeting are (If you answered "not of who you represent	Support Nor Op you representing an orga to, "STOP; you need no at and go on to the next of telephone number of each	anization or a persont complete the rest	of this form. I	f you answered "yes,	,
Are you appearing a	for your representation? s part of your other paid o, " STOP; you need no				No No No on to the next
Speaking Limits:	Public Hearing (Com Information Hearing				

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental 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.)		
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)			
Date	Signature		
	Print Name		



Date:	

Registration Statement -	COMMITTEE	Council
Please Print	PLEASI	E PRINT NAME CLEARLY
Agenda No36	Name Address	MADISAN UT 53703
Please check one:	AND	Please check:
Support Groces Sto	RE	Wish to Speak
Oppose '		•
Neither Support Nor Op	pose	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest vuestion.)	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 not question.)	_	on or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing. Other Items	2	minutes

-		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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
		Print Name



Date:	

Registrati	on Statement -	Common Co	ouncil	
Please Print Agenda No. 3	6		PRINT NAME CLEARLY Bent Stitt 120 S. Frankly Madisn	
Please check of	ne:	AND	Please check:	
Support			Wish to Speak	
At this meeting are yo (If you answered "no, of who you represent	and go on to the next q	nization or a person t complete the rest o	n other than yourself: Yes No of this form. If you answered "yes," provide the ation you are representing:	! name
(If you answered "no, question.)	part of your other paid " STOP; you need not	t complete the rest o	of this form. If you answered "yes," go on to th	ne next
Speaking Limits:	Public Hearing (Com Information Hearing) Other Items	3	minutes	

Are you an e other governi	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: 4AR. 6 2012—

WISH TO SPEAK FORM

CITY OF MADISON

Registration S	Statement - Common C	Council	
Please Print Agenda No. 36	PLEASE Name Address	EPRINT NAME CLEARLY BICHARD LINSTER 432 SISNEY ST MADDISON	
Please check one:	AND	Please check:	
Support		Wish to Speak	
OpposeNeither Suppose	ort Nor Oppose		
(If you answered "no," STO of who you represent and go		t of this form. If you answered "yes," provide the	e name
	your other paid duties for this pers		
(If you answered "no," STO question.)	P ; you need not complete the rest	of this form. If you answered "yes," go on to the	ie next
Inform	c Hearing (Common Council)5 mation Hearing3 Items3	3 minutes	

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Date	Signature
	Print Name



Date: 36/12

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement -	Common C	ouncil	
Please Print Agenda No3 6		PRINT NAME CLEAR Patty Prim H32/Sidney MADISON	ARLY S+
Please check one:	AND	Please chec	ek:
		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 of Name, address and telephone number of each	ot complete the rest of question.)	of this form. If you answ	•
Are you being paid for your representation?			
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	l duties for this perso		Yes No Yes No vered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	3	minutes	

•	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No	
	ered "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	