Date:	3	14	112	
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CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY Hams				
	Name JASON SAARI				
Agenda No	Address 102 E. BADGER Rd				
	MADISON INI 537/3				
Please check the appropriate boxes:					
Support	and Wish to speak Do not wish to speak				
Oppose	Do not wish to speak Available to answer questions				
Neither Support Nor Oppose	-				
Speaking Limits: Public Hearing					
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 whom you represent below, and go on to the next question.)					
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):					
Comments on F-Z.					
:					
Name, address and telephone number of each person or organization you are representing: Adms Outdow Advectising					
	211 7900				
Madison, wt 53713 608. 271-7900					
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.)					