Date:  $\frac{3}{14}/7$ 

#### **CITY OF MADISON**

# Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
Agenda No.	Name SUE ELLINGSOW  Address 1922 Vilas ava  Madrom
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose Speaking Limits: Public Hearing	3 minutes3 minutes3 minutes
At this meeting are you representing an organization (If you answered "no," STOP; you need not complete of whom you represent below, and go on to the next COMMENTS RELATED TO THE ITEM ON T	ete the rest of this form. If you answered "yes," provide the name question.)
Name, address and telephone number of each person  Are you being paid for your representation?  Are you appearing as part of your other paid duties for your person was a grant of your paid wet as a grant of your person was a grant of your person.	☐ Yes ☐ No  For this person or organization? ☐ Yes ☐ No
(If you answered "no," SIOP; you need not comple question.)	te the rest of this form. If you answered "yes," go on to the next

(SEE BACK)

Date:	3-	14	f	(	2	

# Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

		PLEASE PRIN	T CLEARLY	
Agenda No	м 6-	Name	122	May Carbino W. Wishington A adison, WI 5370
			VVL	adison, WISS10
Please check the appro-	opriate boxes:			
Support Oppose Neither Su	pport Nor Oppose	and		to speak of wish to speak able to answer questions
Speaking Limits:	Public HearingInformation HearingOther Items	3 mi	nutes	
(If you answered "no, of whom you represen	at below, and go on to the next	ete the rest of th question.) HE AGENDA	is form. If yo (optional):	u answered "yes," provide the name
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	1 1 0 1			
Name, address and tele	ephone number of each person			resenting:
:	Midison (	ental	BIN	
	122 W	, Wasi	hing for	8-512-1340
	Madisan	53703	60	8-512-1340
Are you being paid for			,	☐ Yes ☐ No
Åre you appearing as p	part of your other paid duties for	or this person o te the rest of th	r organization is form. If yo	n?  Yes  No u answered "yes," go on to the next
		SEE BACK)		

Q7/12/06-F:\TNCOMMON\COMMITTE\TR&PKG\Registration Form 6.30.06 per APM.doc

Date:	3/14	112	
Duto.			-

# Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY
Agenda No. Ca / (25591)	Name June Goglio Address 944 E. Dayton St.
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions
Information Hearing	5 minutes
At this meeting are you representing an organ (If you answered "no," STOP; you need not of whom you represent below, and go on to the	ization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name e next question.)
COMMENTS RELATED TO THE ITEM	
" Parking Increa	ese for night/weekends/or-lack of)
Name, address and telephone number of each	person or organization you are representing:
Are you being paid for your representation?	☐ Yes No
Are you appearing as part of your other paid d	uties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next

Date:	१	114/1	ز	
Date.				 

# Registration Statement – Transit and Parking Commission



	PLEASE PRINT CLEARLY
Agenda No.	Name Lester Pines  Address 122 West Washington Suite 900  Modum WI 53703
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions
Speaking Limits: Public Hearing	3 minutes
At this meeting are you representing an organization (If you answered "no," <b>STOP</b> ; you need not comple of whom you represent below, and go on to the next	ete the rest of this form. If you answered "yes," provide the name
COMMENTS RELATED TO THE ITEM ON T	HE AGENDA (optional):
:	
Name, address and telephone number of each person  Cyllen Weston Pines & B  about	or organization you are representing:
Are you being paid for your representation?	Yes PNo
Are you appearing as part of your other paid duties fulf you answered "no," STOP; you need not comple question.)	for this person or organization? Yes Yoo Yoo You Yes Yoo You was the the rest of this form. If you answered "yes," go on to the next

Date: 3/14/13

# Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY
	Name Junell Knutson
Agenda No	Address 126 Pine View Dr
	Name Janell Knutson Address 126 Pine View Dr Madison WI 53704
Please check the appropriate boxes:	• •
Support Oppose Neither Support Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions
Speaking Limits: Public Hearing Information Hearing Other Items	3 minutes
At this meeting are you representing an organiza (If you answered "no," STOP; you need not con of whom you represent below, and go on to the n	ntion or a person other than yourself: Yes No mplete the rest of this form. If you answered "yes," provide the name next question.)
COMMENTS RELATED TO THE ITEM OF	N THE AGENDA (optional):
Name, address and telephone number of each per	rson or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duti (If you answered "no," STOP; you need not con question.)	es for this person or organization? Yes No pplete the rest of this form. If you answered "yes," go on to the next
:	

Date: _	3/14	1/2	/
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## Registration Statement – Transit and Parking Commission

		PLEASE	PRINT CLEA	ARLY		_
	$\alpha$	Name	Sand	in To	r/Kil	dson h 53703
Agenda No	<del></del>	Address	1214	Eliza	bot	h
·			Mac	dison	W/	53703
Please check the appro	opriate boxes:					
Support Oppose Neither Su	pport Nor Oppose			Wish to spea Do not wish Available to	to speak	estions
Speaking Limits:	Public HearingInformation HearingOther Items		3 minutes			
(If you answered "no, of whom you represen	ou representing an organizatio "STOP; you need not complet below, and go on to the next	lete the rest t question.)	of this form	. If you answ	Yes ered "yes,	☐ No "provide the name
COMMENTS RELA	TED TO THE ITEM ON T	HE AGEN	DA (option	ai):		
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					and decomplete to an entire the content of the	
	ephone number of each person					
· bireutei	v Slate St.	12051	1455	11550C	-	
				-		···-
Are you being paid for	your representation?				Yes	Ŭ No
	part of your other paid duties in STOP; you need not comple				☐ Yes ered "yes,	☑No " go on to the next

Date:	3/1	4	12

# Registration Statement - Transit and Parking Commission

		PLEASE	PRINT CLEARLY	<i>(</i>	
Agenda No.		Name Address	Alaxis 3553	Turner BIZHIZ	80
At this meeting are you (If you answered "no," of whom you represent	Public Hearing	n or a perso lete the rest t question.)	Do n Ava  5 minutes 3 minutes 3 minutes on other than you of this form. If y	vou answered "yes,	□ No
COMMENTS RELAT	TED TO THE ITEM ON T	HE AGEN	IDA (optional):		
Are you being paid for y	ohone number of each perso your representation? art of your other paid duties STOP; you need not compl	for this pers	son or organizati	☐ Yes on? ☐ Yes	☐ No ☐ No " go on to the next