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Date:	0/1/12	

Registration Statement – Transit and Parking Commission

	PLEASE	PRINT	CLEARLY
Agenda No. F.J. OWL CREEK	A Name Address	Ny 52	Jataba Bading 15 Bliss St.
Please check the appropriate boxes:			
Support Bus service to own Oppose Neither Support Nor Oppos	~ V	and	 ✓ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Speaking Limits: Public Hearing Information Hearing Other Items		3 minu	utes
At this meeting are you representing an orga (If you answered "no," STOP; you need not of whom you represent below, and go on to the	t complete the res	st of this	er than yourself: Yes Mo s form. If you answered "yes," provide the name
COMMENTS RELATED TO THE ITEM			antianal).
COMMENTS RELATED TO THE HEAV	I ON THE AGE	NDA (U	optional).
	<u> </u>		
Name, address and telephone number of each	h person or organ	ization	you are representing:
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	AND AND ADDRESS OF THE PARTY OF		
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.)	duties for this pe complete the res	rson or o	organization? Yes No No s form. If you answered "yes," go on to the next

Date: 5/9/12

CITY OF MADISON

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Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY			
Agenda No	* Name Nana Mana			
: OWL CREEK	Address 5122 Unity Way Madison, WI 53718			
Please check the appropriate boxes:				
Support BUS Service to OWI Cre Oppose Neither Support Nor Oppose	Available to answer questions			
Information Hearing	5 minutes3 minutes3 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	At this meeting are you representing an organization or a person other than yourself: Yes X 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 helow, and go on to the next question.)			
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):				
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Name, address and telephone number of each person or organization you are representing:				
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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.)				

Date: 5/9/12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY			
Agenda No. F/. Address D2 KINGROWD CIV			
: OWL CREEK			
Please check the appropriate boxes:			
Support DUS SEV VICE TO OWI CVEEY and Do not wish to speak Do not wish to speak Available to answer questions			
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):			
Name, address and telephone number of each person or organization you are representing:			
Are you being paid for your representation?			
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.)			

(SEE BACK)

Date: 5/9/12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY				
	Agenda No. F. 1. Address 4213 Owl Creek Drive				
	Please check the appropriate boxes:				
P	Support Bus service to bul and Wish to speak Oppose Neither Support Nor Oppose Wish to speak Available to answer questions				
	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.)				
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	Name, address and telephone number of each person or organization you are representing:				
	Are you being paid for your representation?				
	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.)				

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Date:	5/9/12
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Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLE	ARLY
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Please check the appropriate boxes: Support Blis Savice to Oppose Neither Support Nor Oppose Speaking Limits: Public Hearing Information Hearing	Owl Creek and Description of the second seco	Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP; you need no of whom you represent below, and go on to COMMENTS RELATED TO THE ITEM	ot complete the rest of this forn the next question.)	n. If you answered "yes," provide the name
Name, address and telephone number of eac	h person or organization you	are representing:
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Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or orga t complete the rest of this forn	nization?

Date:	3	9	/12	
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Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY			
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Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose Nor Oppose Nor Oppose Nor Oppose Nor Oppose Nor Oppose 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):			
Name, address and telephone number of each person or organization you are representing:			
Are you being paid for your representation?			
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.)			

Date:	5/9/12	/
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Registration Statement – Transit and Parking Commission

PLE	ASE PRINT CLEARLY			
Nan	ress 702 Pflaren Rd			
Agenda No. Add	ress 102 Pflaren Rd			
	Madison W153716			
Please check the appropriate boxes:				
Support Bus service to Dwl Cre Oppose Neither Support Nor Oppose	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 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 A	GENDA (optional).			
:				
Name, address and telephone number of each person or or				
LaFollette HS Owl Creek	- Twin Oaks, Liberty Place \$			
Lost Creek Student (Svoup			
Are you being paid for your representation?	☐ Yes ☐ No			
Are you appearing as part of your other paid duties for thi (If you answered "no," STOP; you need not complete the question.)	s person or organization? Yes No rest of this form. If you answered "yes," go on to the next			