Date: 5-22-12

CITY OF MADISON

Water Utility Board Registration Statement -COMMITTEE Please Print PLEASE PRINT CLEARLY Agenda No. Please check the appropriate boxes: Wish to speak Support Do not wish to speak **Oppose** Available to answer questions Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: Yes (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: No Are you being paid for your representation? ☐ Yes

Information Hearing.......3 minutes
Other Items........3 minutes

Are you appearing as part of your other paid duties for this person or organization?

Public Hearing (Common Council) 5 minutes

(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:



Date:	5/22/12
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CITY OF MADISON

Registration Statement - <u>Water Utility Board</u>			
	COMMITTEE		
Please Print	PLEASE PRINT CLEARLY		
Agenda No. Public (smime	Name Jim Powell		
Agenda No) OS(C (S M(M))	Address 1311 Lake View Ave		
Please check the appropriate boxes:			
Support	and Wish to speak		
Oppose	☐ Do not wish to speak		
Neither Support Nor	Oppose Available to answer questions		
(If you answered "no," STOP ; you of who you represent and go on to the Name, address and telephone number	an organization or a person other than yourself: Yes No eed not complete the rest of this form. If you answered "yes," provide the next question.) To feach person or organization you are representing: On mental Justice Organization When Malsh Li From	ame	
1311 Late V	en Are Malon Li 57704		
608 240	-1465		
Are you being paid for your represer	ration? Yes V.No		
Are you appearing as part of your of (If you answered "no," STOP; you a question.)	er paid duties for this person or organization? Yes No eed not complete the rest of this form. If you answered "yes," go on to the rest of this form.	next	
Information I	g (Common Council)5 minutes earing		



question.)

Speaking Limits:

	Date:
	CITY OF MADISON
Registration Statement	Water Utility Board
Please Print	
	PLEASE PRINT CLEARLY
Punc	Name aris Powell
Agenda No. Pholit Comment	Address 1311 Lake View Ave Machson, WI 53704
	Machson, WI 53704
Please check the appropriate boxes:	·
☐ Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
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 qu	nization or a person other than yourself: \(\sum \) Yes \(\subseteq \) No complete the rest of this form. If you answered "yes," provide the name uestion.)
Name, address and telephone number of each	person or organization you are representing:
Mindwest Environmental	Justice Conganization
1311 Lake V.W Bue	
Machson WI S3	3704
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next

Public Hearing (Common Council)5 minutes