CITY

5.16:15 Pm

Date: 6-24-12

CITY OF MADISON

Registration Statement - Water Utility Board

		COMMITTEE			
Please Print	<u>, </u>				
		PLEASE PRIN	NT CLEARLY	4	
		Name	Quelas	tor	
Agenda No.	neval Public	Address	2502 G	reen Rid	geDr
	Connend	·	MADISO	NWIE	3704
Please check the ap	propriate boxes: Ger	eral Publ	lic Comme	nf	
Support		and	Wish to spe	ak	
Oppose			Do not wish		
_ ^ ^	Support Nor Oppose		Available to	o answer questi	ons
(If you answered "r of who you represer	you representing an organize on, "STOP; you need not contain and go on to the next que telephone number of each p	omplete the rest of the stion.)	his form. If you ans		No rovide the name
1		·			
Are you being paid	for your representation?		•	Yes	□No
Are you appearing a (If you answered "n question.)	ns part of your other paid du no," STOP; you need not co	aties for this person on the complete the rest of the	or organization? his form. If you ans	☐ Yes wered "yes," g	☐ No o on to the next
Speaking Limits:	Public Hearing (Commo Information Hearing Other Items	3 mi	nutes		

5.43.00

Date:	6	/26	/>	2	
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Registration Statement	Water Utility Board
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
DI Carried	Name Jim Powell
Agenda No. Public Comments	Address 1311 Lake View Ave Madison W 53704
	Madison W 53704
Please check the appropriate boxes:	
Support	and 🕍 Wish to speak
Oppose	Do not wish to speak Available to answer questions
☐ Neither Support Nor Oppose	
At this meeting are you representing an organiz (If you answered "no," STOP; you need not co of who you represent and go on to the next questions.	omplete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each p	
Midwest Environment	tal Instice Organization
1311 Lake View Are	tal Instice Organization
Madism W1.539	242 185
Are you being paid for your representation?	☐ Yes No
Are you appearing as part of your other paid du (If you answered "no," STOP; you need not co question.)	nties for this person or organization? Yes No omplete the rest of this form. If you answered "yes," go on to the next
Information Hearing	on Council)5 minutes

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Date:	ے_	-06	

CITY OF MADISON

Registration Statement -Water Utility Board COMMITTEE Please Print PLEASE PRINT CLEARLY Name Agenda No. Address Please check the appropriate boxes: Support and Wish to speak 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: (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: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes (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: Public Hearing (Common Council) 5 minutes Information Hearing......3 minutes

CITY OF MADISON

Date: 6/26/12

Registration Statement -Water Utility Board COMMITTEE Please Print PLEASE PRINT CLEARLY Public Name Agenda No. _____ Ommer Address 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: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes (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: Public Hearing (Common Council) 5 minutes Other Items......3 minutes

Date: 6 26 12

Registra	ation Statement	Water Util	lity Board		
	•	COMMITTEE			÷ .
Please Print		•			
		PLEASE	PRINT CLEARLY		
1	1628	Name	Liv	sten JSI	MSON
Agenda No.	COM MADUST	Address	411	Major	Ave
y	Commence	*.		adicon	w/_
Please check the ap	propriate boxes:				537/6
Support			and Wish t		
Oppose				wish to speak	
(Support Nor Oppose		∐ Availa	ble to answer ques	stions
(If you answered "r of who you represer	you representing an organ no," STOP; you need not ont and go on to the next quetelephone number of each	complete the resestion.)	st of this form. If you	ı answered "yes,"	☑No provide the name
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Are you being paid	for your representation?			Yes	No No
	as part of your other paid doo," STOP; you need not d				No go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	•••••	.3 minutes		

Date:	June	40
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Registration Statement	
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
General Comments	Name Lynette Tandl
Agenda No.	Address 1846 Krent Ave
	Address 18 70 Avolt 1700
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	
At this meeting are you representing an organ (If you answered "no" STOP: you need not	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next qu	
Name, address and telephone number of each	person or organization you are representing:
Sherman Neida	borbood a- Chair
m bank about	244-2819
Try none sonone is	2077 2038
1	
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.)	complete the rest of this form. If you answered "yes," go on to the next
	mon Council)5 minutes
Other Items	3 minutes
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mant miter	140111. Please make
our athen has	e bien accurately
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10/05/10-C:\Documents and Settings\wuadr\My Documents\Downloads\APM3-1RegS	tmtCommittee.doc

Date: 6/26/12

Registrat	ion Statement	Water Uti	lity Boa	ard		
1	·	COMMITTEE				4
Please Print	1		•	•		
			E PRINT C			
0-		Name	SA.	NORA J	· Smith	·
Agenda No.	ral Comments	Address	84	Kessel	Cf#2	8
			Ma	dison.	. Smith Cf#2	
Please check the appr	opriate boxes:		•			
Support Oppose Neither Su	pport Nor Oppose		and	☐ Wish to sp ☐ Do not wis ☐ Available		tions
(If you answered "no, of who you represent	ou representing an organ or street not and go on to the next que lephone number of each	complete the re uestion.)	st of this f	form. If you an	swered "yes,"	No provide the name
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Are you being paid fo	r your representation?		·		Yes Yes	⊠ No
	part of your other paid "STOP; you need not				☐ Yes swered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items		3 minute	es		

Date:	6	26	
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Registration Statement	Water Utility Board
Please Print	PLEASE PRINT CLEARLY
Agenda No. Post Comb	Name Jon Edicheut Address Legue (1
Please check the appropriate boxes:	
☐ Support☐ Oppose☐ Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organi (If you answered "no," STOP; you need not of who you represent and go on to the next que	complete the rest of this form. If you answered "yes," provide the name
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 (If you answered "no," STOP; you need not of question.)	tuties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	non Council)5 minutes

5:59:00

Date: 6/26/12

Registration	Statement - W	later Util	ity Board			
		MMITTEE				
Please Print			•			
110050 111110	1	PLEASE	PRINT CLEA	RLY		
	0	Name	Man	lone	Har	dick
Agenda No. Seven c		Address	700	g wr	reler	Rd
Carri	men 15		Mad	eion	WI	53704
Please check the appropria	te boxes:					
Support			and 💹	Wish to spea	k	•
Oppose				Do not wish Available to	to speak	
Neither Suppo	rt Nor Oppose			Available to	answer que	stions
of who you represent and g Name, address and telepho		·	ization you a	re representi	ng:	
t e						
Are you being paid for you	r representation?				Yes	"∭ No
Are you appearing as part of (If you answered "no," ST question.)					☐ Yes vered "yes,'	No go on to the next
	lic Hearing (Common					
	er Items		•			

Date: $\frac{6/26/12}{}$

Registration Statemen	t - <u>Water Utility Board</u>
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
Α	Name Petra Ressler
Agenda No. Goveral Comments privacy re; Smart Meters	Address 1112 C Mound St
Privacy 18: Smart Meters	Madison W 53715-1579
Please check the appropriate boxes:	
Support Oppose Smart Meters Neither Support Nor Opp	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no," STOP; you need of who you represent and go on to the ne	
Name, address and telephone number of	each person or organization you are representing:
1	
Are you being paid for your representation	on? Yes No
	paid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hear	Common Council)5 minutes ing3 minutes3 minutes