

6:06:38

Date: 6/26/52

## CITY OF MADISON

Registration Statement -	
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
Agenda No	Name Jim Powell
	Address 1311 Lake View Ave
	Address 1311 Lake View Are Nadism in 537-9
Please check the appropriate boxes:	
<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppos</li></ul>	and Wish to speak  Do not wish to speak  Available to answer questions
of who you represent and go on to the next q	t complete the rest of this form. If you answered "ves." provide the name
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 person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing.	umon Council)5 minutes 

6.13.15

Date: <u>6/26/12</u>

## CITY OF MADISON

Registration Statement - Wa	ter Utility Board
COM	MITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Pacia J. Harper  Address 528 Troy Oc.  Madison WI
Agenda No. 44 3, &	Address 528 Troy Oc.
	Madison WI
Please check the appropriate boxes:	
Support  Support  Support  Support  Support Nor 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 organization (If you answered "no," STOP; you need not complete of who you represent and go on to the next question	ete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each person	n or organization you are representing:
<u> </u>	· · · · · · · · · · · · · · · · · · ·
Are you being paid for your representation?	☐ Yes    X No
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not compl question.)	for this person or organization? Yes No lete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common C Information Hearing	3 minutes

Date: 6-26-12

## CITY OF MADISON

Registra	ition Statement -	
Please Print		COMMITTEE
		PLEASE PRINT CLEARLY
A con do No	3	Name 104 1566A72
Agenda No	BUDGET	Address 7/9/2 Atwood #30
		- lacks (S
Please check the ap	propriate boxes:	
Support		and Wish to speak
Oppose Noith on S		Do not wish to speak  Available to answer questions
Neither S	upport Nor Oppos	se
(If you answered "n	you representing an orga to," <b>STOP;</b> you need no tt and go on to the next q	anization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name question.)
Name, address and t	elephone number of eac	ch person or organization you are representing:
	abbose (	oues ex pendituses
		on Smart meters
		on smart meters
Are you being paid	for your representation?	Yes No
Are you appearing a (If you answered "n question.)	s part of your other paid o," <b>STOP;</b> you need no	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	mmon Council)5 minutes
	Outer nems	3 minutes