

CITY OF MADISON

Water Utilitary

	· ·
Date:	

Registration Statement - Water Utility Board

CON	MMILIEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Sue Pastor
Agenda No	Address 2502 Green Ridge Dr
	Address 2502 Green Ridge Dr MADISON W153704
Please check the appropriate boxes:	
Support participation Oppose	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 organizatio (If you answered "no," STOP; you need not complete of who you represent and go on to the next question. Name, address and telephone number of each personal statement of each personal statement.	plete the rest of this form. If you answered "yes," provide the nan n.)
Are you being paid for your representation?	☐ Yes ☐ No
And years ammoning on most of years of the most 1 deet's	for this person or organization?
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not compl question.)	s for this person or organization? Yes No lete the rest of this form. If you answered "yes," go on to the nex

6:24:00 Date: (

Water Utility Board

Registration Statement - _

Please Print	1	*					•
		PLEASE	PRINT CLEA	RLY			
	1	Name	Jin	1 Por	New	·	
Agenda No		Address	1311	Letce	- Mes	NA CA	12
			Mad	ism h	11 535	Joy	
Please check the ap	propriate boxes:		•				
Support Oppose Neither S	upport Nor Oppose			Wish to spea Do not wish Available to		tions	
(If you answered "n of who you represen	you representing an organic, "STOP; you need not cut and go on to the next questelephone number of each	complete the res estion.)	st of this form.	If you answ		☐ No provide th	e name
	·				• .		
	•	·					٠
1			• .	•			
Are you being paid	for your representation?				Yes	□No	
Are you appearing a (If you answered "naquestion.)	s part of your other paid do," STOP ; you need not c	uties for this pe complete the res	rson or organizet of this form.	zation? <i>If you answ</i>	☐ Yes ered "yes,"	No go on to the	he next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	*****************	.3 minutes				

CITY OF MADISON 6.30 Date: 6-26-6

Registration Statement	Water Utility Board
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
\mathcal{M}	Name DESER
Agenda No.	Address 1818 Winchester
pusous	July Madrown
Please check the appropriate boxes:	eles
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 organi	ization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not a	complete the rest of this form. If you answered "ves," provide the name
of who you represent and go on to the next qua	estion.)
Name, address and telephone number of each	person or organization you are removed in a
rame, address and telephone number of each	person of organization you are representing:
1	
Are you hair a raid for your remove that and	
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.)	uties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
	on Council)5 minutes

Other Items.....3 minutes

6.28:45

Date: 6 26 2

CITY OF MADISON

Registration Statement -	Water Utility Board
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Maria Powell
Agenda No.	Address 1311 Lake View Ave
	machson, wit
Please check the appropriate boxes:	
Support Oppose	and Wish to speak Do not wish to speak
Neither Support Nor Oppos	se Available to answer questions
of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
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 no question.)	d duties for this person or organization? Yes No No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council)5 minutes 53 minutes 63 minutes

6 6.36:00 CITY OF MADISON

Registration Statement -	Water Utility Board
Please Print	PLEASE PRINT CLEARLY
Agenda No	Name R. MORGAN SHARPE Address 212 MERRY ST. MADISON WI 53704
Please check the appropriate boxes:	- /VCRD13019 VVI 33134
SupportOpposeNeither Support Nor Oppos	and 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 not of who you represent and go on to the next q	unization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the name question.)
Name, address and telephone number of each	h person or organization you are representing:
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
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.	amon Council)5 minutes