| Registra | ation Statement | Water Uti | lity Boar | ď | • | | |
|---|--|---------------------------------------|----------------|--------------|---------------|-------------|---------|
| | | COMMITTEE | | | | : | |
| Please Print | <u> </u> | | | ** | | | • |
| 110450 11111 | | PLEAS | E PRINT CLE | EARLY | | | |
| | | No | R | | | | |
| A Je N- | 1000 | Name | Drego | W TULL | er | | |
| Agenda No. | TOLIVIT | Addres | s <u>182</u> | Kyan 8 | St. | | |
| drovisi | on re's Swart Meter | , | M | adkon | W 5. | 3704 | |
| | | | | | 7 | | |
| Please check the ap | propriate boxes: | | | | | • | |
| Support Support | | • | and 🔯 | Wish to sp | neak | | |
| Oppose | • | | | | sh to speak | | _ |
| | upport Nor Oppose | | | Available | to answer que | stions | • |
| | | | • | | | | |
| At this meeting are | you representing an organ | ization or a per | son other tha | an yourself: | Yes | No No | • |
| (If you answered "n | o," STOP; you need not out and go on to the next qu | complete the re | st of this for | m. If you an | swered "yes," | provide the | e name |
| oj wno you represen | u ana go on to the next qu | esiion.j | | | | | |
| Name, address and t | elephone number of each | person or organ | nization you | are represei | nting: | | |
| | | · · · · · · · · · · · · · · · · · · · | • | | | | |
| | | | | | | | |
| | , | | | | | • | • |
| . • · · · · · · · · · · · · · · · · · · | | | . • | | | | |
| | | | | | | | |
| Are you being paid f | for your representation? | | • | | Yes | ⊠ No | |
| , - - | | | | | | 211210 | |
| Are you appearing a | s part of your other paid d | uties for this po | erson or orga | inization? | ☐ Yes | ⊠ No | |
| (1) you answered n. question.) | o," STOP; you need not o | complete the re | st of this for | m. If you an | swered "yes," | go on to th | ie next |
| 4 | | | | | | | |
| Speaking Limits: | Public Hearing (Comm | | | | | | |
| | Information Hearing Other Items | | | | | | |
| | omer nems | | minutes | | | | |

Date: 7 - 10 - 12

| Registration Statement - <u>Water Utility Board</u> |
|---|
| COMMITTEE |
| Please Print |
| PLEASE PRINT CLEARLY |
| Agenda No. Special Mtg Address 1912 atword Ave Madison 180 ± 30: |
| on op a to to to |
| Please check the appropriate boxes: |
| Support — Opt out Option and Wish to speak Do not wish to speak Available to answer questions |
| Neither Support Nor Oppose |
| 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 nam of who you represent and go on to the next question.) |
| Name, address and telephone number of each person or organization you are representing: |
| Support of tout Ceature |
| but at no cost, no mouthly Rec, |
| 9 no higher water frates due to |
| Are you being paid for your representation? The 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 need question.) |
| Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing |
| |

| Date: _ | 7/10/12 | • |
|---------|---------|---|
| | - 10 / | |

| Registration Statement - <u>Water</u> | Utility Board |
|---|--|
| Please Print | |
| | EASE PRINT CLEARLY |
| i i alatipi | Idress 84 Kessel Ct#28 Madison, WI 53711 |
| 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 organization or (If you answered "no," STOP; you need not complete to of who you represent and go on to the next question.) | a person other than yourself: Yes No he rest of this form. If you answered "yes," provide the name |
| Name, address and telephone number of each person or | organization you are representing: |
| It not changed, send poster wheeked every 6 months. | ard each month. Have meter |
| Are you being paid for your representation? | ☐ Yes ☐ No |
| Are you appearing as part of your other paid duties for t (If you answered "no," STOP; you need not complete t question.) | his person or organization? |
| Speaking Limits: Public Hearing (Common Councillation Hearing | 3 minutes |

Date: 7/10 2012

| Registration Statement - <u>water Utility Board</u> | _ |
|--|---------|
| | |
| Please Print PLEASE PRINT CLEARLY | |
| | ۹ |
| Name ELIZABETH KA(| MS |
| Agenda No Address 209 N. SPOONER | 72 |
| MADISON 537 | 26 |
| | - |
| Please check the appropriate boxes: | |
| Support and Wish to speak | |
| Onnose Do not wish to speak | |
| Neither Support Nor Oppose Available to answer questions | |
| 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 to | he nam |
| of who you represent and go on to the next question.) | |
| Name, address and telephone number of each person or organization you are representing: | • |
| reality, address and telephone named of each person of organization you are representing. | |
| | |
| | |
| en de la companya de La companya de la co | |
| | |
| 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 question.) | the nes |
| Speaking Limits: Public Hearing (Common Council) 5 minutes | |
| Information Hearing | • |
| Other Items3 minutes | • |
| 1 oppose the MWU proposed opt-out police | |
| I believe those who opt-out should not be pena | 11.3 |
| w/ a one-time fee for something they do NOT I | ECE! |
| Nor should a \$10 mo fee be charged in the | ole |
| days we completed a form + sent it to the d | 20 |
| So I mul employe could come to house Ix or 2x p | er y |
| I oppose the MWU proposed opt-out police. I believe those who opt-out should not be pend who one-time fee for something they do not re Nor should a \$10 mo fee be charged. In the days we completed a form + sent it to the d So I MWU employe could come to house Ix or Zx p Right now my mater 15 read from outside. (SEE BACK) | N |
| 10/05/10-C:\Documents and Settings\waadr\My Documents\Downloads\APM3. RegStmtCommittee.doc CV). Sibn IN Winting + when insteller cornel & home to (A) CE deat + Hotel Cornel & Option EXEST | Grn |
| ovision in writing to ben insteller exist | |

| Date: 7- 10 12 |
|--|
| |
| |
| |
| |
| |
| vell |
| ke View Ave |
| 1 WI 53704 |
| |
| |
| to speak t wish to speak |
| able to answer questions |
| self: Yes No |
| u answered "yes," provide the name |
| |
| resenting: |
| Mr. Powell |
| Mr. Powell ched) |
| at whole meeting, |
| ☐ Yes ☐ No |
| *10 |
| 1? Yes No u answered "yes," go on to the next |
| |
| The second secon |
| |
| horrible process. |
| ments do respond, |
| as little interest |
| i eny meaning but |
| + 15 doing everyther |

| Registration Statement - | Water Utility Board |
|--|---|
| Please Print | |
| | PLEASE PRINT CLEARLY |
| A | Name Maria Powell |
| Agenda No. | Address 1311 Lake View Ave |
| | MEd. SON WI 53704 |
| Please check the appropriate boxes: | |
| Support | and Wish to speak |
| Oppose Neither Support Nor Oppose | Do not wish to speak |
| | |
| 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 quality of the | 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: |
| - I support the comme | nts + proposals of Mr. Powell |
| (sabmitted va ask | us / tell us + Attached) |
| | t-out language at theme meeting, |
| 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 complete the rest of this form. If you answered "yes," go on to the next |
| Speaking Limits: Public Hearing (Com | mon Council)5 minutes |
| | 3 minutes 3 minutes |
| and the state of t | |
| | Is absolutely horrible process. |
| People have only | a ten frantic moments to respond, |
| It is very clear that | the water Utility has little interest |
| in engeging citize | a few frantic moments to respond, the water utility has little interest os on this issue in any meaningful (SEE BACK) way t is doing everything the contraction from having a |
| 10/05/10-C:\Documents and Settings\wuadr\My Documents\Downloads\APM3-1RegS | intCommittee.doc |

| Registration Statement | Water Utility Board |
|--|---|
| _ | COMMITTEE |
| Please Print | |
| 1 lease 1 lint | PLEASE PRINT CLEARLY |
| Δ | Name Kirsten Johnson |
| Agenda No. | |
| Agenda 110. | Address 411 Major Ave |
| | Madison, WI SST/6 |
| Please check the appropriate boxes: | |
| Thomse effects the appropriate content | |
| 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 of who you represent and go on to the next qu | 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: |
| Traine, address and telephone number of each | person of organization for the representation. |
| | |
| | |
| The state of the s | |
| | |
| 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 complete the rest of this form. If you answered "yes," go on to the next |
| | mon Council)5 minutes |
| Information Hearing. | 3 minutes |
| Oth as Itams | 3 minutes |

37.5

Date: 7.10.12

| Registrati | on Statement | | <u>iter Util</u> | ity Bo | ard | <u> </u> | | |
|--|---|------------------|---|---------------------------|--------------------------------|----------------------------|-------------------|--------|
| • | | COM | MITTEE | 4 | | | | |
| Please Print | İ | | | | • | | | |
| | | | | | CLEARLY | •. | | |
| | | | Name | Dia | ne Mich | halski i Kinson WI S | Turner | |
| Agenda No | | | Address | 303 | S. Die | Kinson. | St #1 | |
| | · | | | Ma | dison | WI S | 3 703 | > |
| Please check the appro | opriate boxes: | | | | | | | |
| Support | | | • | and | Wish to s | oeak | | |
| Oppose | | | | | Do not wi | sh to speak | | |
| | pport Nor Oppose |) | | • | Available | to answer que | stions | |
| At this meeting are yo (If you answered "no, of who you represent of Name, address and telescopic and telescopi | " STOP; you need not and go on to the next qu | compl uestion | ete the res !.) | t of this f | form. If you an | swered "yes," | No No provide the | name |
| | | | | | · | | - | |
| 1 | | | | | | | | |
| Are you being paid for | your representation? | | | | | ☐ Yes | ⊠ No | |
| Are you appearing as p (If you answered "no," question.) | art of your other paid of STOP; you need not | luties t | for this pe ete the res | rson or or t of this f | ganization? form. If you an | ☐ Yes swered "yes," | No go on to the | : next |
| Speaking Limits: | Public Hearing (Communication Hearing Other Items | | *************************************** | 3 minute | es | | | |

5:29:24

| Date: | 17 | 7/ | 1 | o/ | a | 0 | j | 2 | |
|-------|----|----|---|----|---|---|---|---|--|
| | - | - | | | | | | | |

| Registration Statement | Water Utility Board |
|---|---|
| | COMMITTEE |
| Please Print | |
| | PLEASE PRINT CLEARLY |
| | Name BERNARD JGALLENBE |
| Agenda No | Address 2008) CAMERON DR |
| | Address 2002 CAMERON DR MADISON WI 5371) |
| 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 need not of who you represent and go on to the next que. Name, address and telephone number of each | nerson or organization you are representing: |
| BARBARA ANN GALL | ENBERG 2002 CAMERON DR 5371 |
| BERNARD GALLENB | ENBERG 2002 CAMERON DR 5371 ERG 11 11 608212 1654 |
| PATRICK GALLENBERC | 1610 RAELN 53711 |
| PATRICK GALLENBERG TOSEPH GALLENBERG Are you being paid for your representation? | 1610 CAMERON 53711 Pes DNO |
| Are you appearing as part of your other paid d (If you answered "no," STOP; you need not a question.) | uties 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 |

5000

| Date: 10 JNLY | (2) |
|---------------|-----|
|---------------|-----|

| Registration Statement - | Water Utility Board | |
|---|---|--------|
| | COMMITTEE | |
| Please Print | | |
| | PLEASE PRINT CLEARLY | |
| W. Carlotte | Name FRED MOORE, PLD | |
| Agenda No. | Address 5410 RAYMOND RD | |
| | MADISON WI 53711 | |
| Please check the appropriate boxes: | | |
| Support | and Wish to speak | |
| Oppose | Do not wish to speak Available to answer questions | |
| Neither Support Nor Oppos | Se Available to allswel questions | |
| of who you represent and go on to the next q | ot complete the rest of this form. If you answered "yes," provide the nar | ne |
| | | |
| 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.) | d duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the ne | xt |
| Information Hearing. | mmon Council)5 minutes g3 minutes3 minutes | |
| • | | |

5.22.44

| Date: | 7- | 10 | 2012 | |
|-------|----|----|------|--|
| | | | | |

| Registration Statement - | Water Utility Board | |
|--|---|------|
| | COMMITTEE | |
| Please Print | PLEASE PRINT CLEARLY | |
| | | |
| Agenda No. Smart Meters | Name <u>Anneliese Emerson</u> Address 5137 Whiteomb Dr | |
| Agenda No. 277101111111111111111111111111111111111 | Address 5137 Whiteomb Dr | |
| | Madison W1 537/1 | |
| Please check the appropriate boxes: | | |
| Support | and Wish to speak | |
| Oppose | ☐ Do not wish to speak☐ Available to answer questions | |
| ☐ Neither Support Nor Oppose | e Transition to answer questions | |
| At this meeting are you representing an organ | nization or a person other than yourself: Yes No | • |
| (if you answered "no," STOP; you need not of who you represent and go on to the next qu | complete the rest of this form. If you answered "yes," provide the na | ате |
| of this your opiosons and go on to the ness qu | uosiioii.) | |
| | | |
| Name, address and telephone number of each | n person or organization you are representing: | ٠ |
| Name, address and telephone number of each | n person or organization you are representing: | |
| Name, address and telephone number of each | n person or organization you are representing: | |
| Name, address and telephone number of each | n person or organization you are representing: | |
| Name, address and telephone number of each | n person or organization you are representing: | |
| Name, address and telephone number of each Are you being paid for your representation? | person or organization you are representing: | |
| Are you being paid for your representation? Are you appearing as part of your other paid of | ☐ Yes ☑No | |
| Are you being paid for your representation? Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question.) Speaking Limits: Public Hearing (Comm.) | ☐ Yes ☑ No duties for this person or organization? ☐ Yes ☑ No | next |

5 22 3

Date: 7/10/12

| Registration S | | iter Utility | y Board | | |
|---|--|----------------------------------|---|--------------------------|------------------------|
| Please Print | j j | | | | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | PLEASE P | RINT CLEARLY | | |
| | | Name _ | JILLIAN | G. Hus | SEY |
| Agenda No. | | Address _ | J1411AN 6409 BR | DGERD. # | 102 |
| | · | · | MADISO. | N. WI 53 | 713 |
| Please check the appropriate | boxes: | | | • | |
| Support Oppose | | a | nd Wish to | speak wish to speak | |
| Neither Suppor | t Nor Oppose | | Availab | le to answer ques | tions |
| At this meeting are you represent (If you answered "no," STO of who you represent and go Name, address and telephon | PF; you need not comple on to the next question | ete the rest o | f this form. If you | answered "yes," | No provide the name |
| | , | | | | |
| 1 | | | • | | |
| Are you being paid for your | representation? | | | Yes | ☐ No |
| Are you appearing as part of (If you answered "no," STO question.) | your other paid duties P; you need not compl | for this perso ete the rest o | on or organization? of this form. If you | ☐ Yes answered "yes," | No go on to the next |
| Infor | c Hearing (Common Comation Hearing | 3 _. | minutes | | |

| | | | Date: | 1-10-12 |
|--|--|--|---|------------------------------------|
| (5,18) | | CITY OF MADISON | | |
| √ Registration | n Statement | Water Utility Boar | <u>d</u> | |
| Please Print | <u>, </u> | PLEASE PRINT CL | FARI Y | |
| | | Name Ani | ta We | ier |
| Agenda No | | Address 22 (| Golf Com | w Rd) WI 53 708 |
| DI 1 1 1 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | into harron | <u>-V/(A</u> | acor j | WL 33 201 |
| Please check the appropr | nate doxes: | | | |
| Support Oppose Neither Supp | oort Nor Oppose | there and Exections | Wish to speak Do not wish to sp Available to answ | |
| At this meeting are you in (If you answered "no," If you answered "no," If you represent and | STOP; you need not d | ization or a person other the complete the rest of this for estion.) | nan yourself: | Yes No No "yes," provide the name |
| Name address and talen | hone number of each | person or organization you | l are representing: | |
| Name, address and teleph | none number of each | person of organization you | rare representing. | |
| | | | | |
| 1 | | · : | | • |
| Are you being paid for you | our representation? | | | Yes No |
| Are you appearing as par (If you answered "no," Squestion.) | t of your other paid d | uties for this person or org complete the rest of this fo | ;anization? rm. If you answered | Yes No "yes," go on to the next |
| | | non Council)5 minutes | | |

Other Items......3 minutes

5,13:10

Date: 10, 20/2

| Registration Statement | Water Utility Board |
|---|--|
| | COMMITTEE |
| Please Print | PLEASE PRINT CLEARLY |
| | Q 1 Disco |
| Agenda No. | Name <u>Rachel Durfel</u> |
| Ageilua 110. | Address 770 WOODOW ST, Wadison WI 53711 |
| | _ 11 Warson W1 83//1 |
| Please check the appropriate boxes: | |
| Support Oppose | and Wish to speak Do not wish to speak |
| Neither Support Nor Oppose | e 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 "yes," 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. | nmon Council)5 minutes 3 minutes 3 minutes |

| Date: | 0 | 1-10- | 17 |
|-------|---|-------|----|
| | | | |

| Registratio | on Statement - | Wa | ter Utili | ity Bo | ard | | | |
|--|---------------------------|---|---------------|-----------|---------------------|-------------------------------|----------------|---------|
| . 10 9 70 11 11 11 | • | СОМ | MITTEE | | | | | |
| Please Print | | | · | • | | | | |
| 1 loase 1 line | | 1 | PLEASE | PRINT | CLEARLY | | | |
| | | | Name | Ra | SERTO D | EAN | | |
| Agenda No# | | | Address | 513 | 2 Lustes | 2 AUE | | |
| | | · | • | | 1000N | 537 | 104 | |
| D1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | muiato hoxage | | • | | | | | |
| Please check the appro | priate boxes. | | | | | | | |
| Support | | | • | and | Wish to sp | | | |
| Oppose | | | | • | | sh to speak to answer ques | tions | ÷ |
| | pport Nor Oppo | se | | | TIVEHEDIC | to answer ques | | |
| At this meeting are yo | u representing an org | anizatio | on or a pers | son othe | er than yourself: | ☐ Yes | No | |
| (If you answered "no, | " STOP; you need n | ot comp | olete the re. | st of thi | s form. If you ar | iswered "yes," | provide the | : name |
| of who you represent a | and go on to the next | questio | n.) | | | | | |
| Name, address and tel | ephone number of ea | ich pers | on or organ | nization | you are represe | nting: | | |
| | . * | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | | | | ·. | | | • | |
| 1 | | | • | | | | | |
| | _ | _ | | | • | | | |
| Are you being paid for | r your representation | .? | | | | ∐ Yes | [NO | |
| Are you appearing as (If you answered "no, | part of your other pa | id dutie | s for this p | erson of | r organization? | ☐ Yes nswered "ves.' | No go on to ti | he next |
| (If you answered no, question.) | SIOP; you need h | ioi comp | piere ine re | si oj ili | 15 JOI No. 13 JOU 5 | | 8- | |
| Speaking Limits: | Public Hearing (Co | mmon | Council) | 5 min | utes | | | • |
| Stamme Surrey. | Information Hearing | ıg | | 3 min | iutes | | ·. | , |
| | Other Items | ••••••••••••••••••••••••••••••••••••••• | | 3 min | utes | • | e* | |

| 500 | Date: 7/60/12 |
|---|---|
| 2000 | CITY OF MADISON |
| Registration Statement | Water Utility Board |
| Please Print | |
| | PLEASE PRINT CLEARLY |
| | Name Jurgan Patan |
| Agenda No | Name <u>Jurgen Patau</u> Address 114 A Hen Dr. |
| | |
| | |
| Please check the appropriate boxes: | |
| SupportOpposeNeither Support Nor Oppose | and Wish to speak Do not wish to speak 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 | 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 a question.) | uties for this person or organization? |

Oth for power water cuter of a start material section of the secti

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

Speaking Limits:

√ 02 23 5:

| Date: 1/10/2 |
|--------------|
|--------------|

| Registration Statement | Water Utility Board |
|---|--|
| Please Print | PLEASE PRINT CLEARLY |
| Agenda No. Opt Out | Name Marlene Hardick Address 709 Wheefer Rd Maddeon W1 53704 |
| Please check the appropriate boxes: | |
| Support the idea of Oppose the propose d Neither Support Nor Oppose | Wish to speak Do not wish to speak 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 | 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: |
| | |
| | |
| 1 | |
| 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 a question.) | luties 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 minutes3 minutes3 minutes |

4:56:29

| Date: | 7/10/12 | · . |
|-------|---------|-----|
| | • | |

| Registrati | on Statement - | - Water Utilit | ty Board | | | |
|---|---|----------------------|---|--|-----------------|--------|
| Please Print | | PLEASE I | PRINT CLEARLY | | | |
| Agenda No. <u>Qlo</u> C | 75 <i>8</i> | Name Address | Sue Pasto 2502 gr | | | |
| Please check the appro- Support Oppose Neither Su At this meeting are you (If you answered "no, of who you represent of | pport Nor Oppose u representing an org "STOP; you need no | ot complete the rest | and Wish to sp Do not wing Available of this form. If you are | peak ish to speak to answer ques \[\square \text{Yes} | stions | name |
| Name, address and tele | ephone number of ea | ach person or organi | zation you are represe | nting: | | |
| | | | | | - | |
| 1 | | | | | | |
| Are you being paid for | your representation | ? | | Yes | A No | |
| Are you appearing as I (If you answered "no, question.) | | | | ☐ Yes nswered "yes,' | No go on to the | e next |
| Speaking Limits: | Public Hearing (Con Information Hearing Other Items | g | 3 minutes | | | |

4575

Date: 7/10/12

CITY OF MADISON

| Registration Statement - | Water Utility Board |
|---|---|
| Please Print | PLEASE PRINT CLEARLY |
| Agenda No | Name JM POWELL Address 1311 Late View Arc Madism w 53704 |
| Please check the appropriate boxes: | |
| Support✓ OpposeNeither Support Nor Oppo | and Wish to speak Do not wish to speak Available to answer questions |
| At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next | ot complete the rest of this form. If you answered "yes," provide the name |
| Name, address and telephone number of ea Midwest Environmenta | ch person or organization you are representing: |
| 1301 Lake Views Ar | |
| Madism W 537 | ∍ 4 |
| Are you being paid for your representation | ? Yes No |
| Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.) | 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 |
| Information Hearing | mmon Council)5 minutes g3 minutes3 minutes |

Rt meters

Date: 7-10 -12

| Registration Statement - Water Utility Board |
|--|
| COMMITTEE |
| Please Print PLEASE PRINT CLEARLY |
| Agenda No. Special holy Address 1818 Winchester St Madison W 15370X |
| Madison N 53708 |
| Please check the appropriate boxes: Support Support Oppose Oppose Neither Support Nor Oppose Available to answer questions |
| 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 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 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.) |
| Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing |

| | Date: 2/12/12 |
|--|--|
| | CITY OF MADISON |
| Registration Statement - | Water Utility Board |
| Please Print | PLEASE PRINT CLEARLY |
| Agenda No | Name Catherine Johnson Address 942 Pontiac Tr Madison, Wissall |
| 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 organ (If you answered "no," STOP; you need not of who you represent and go on to the next q | complete the rest of this form. If you answered "yes," provide the nam |
| Name, address and telephone number of each | n person or organization you are representing: |
| | |
| 1 | |
| 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

Public Hearing (Common Council) 5 minutes Other Items......3 minutes

question.)

Speaking Limits:

Date: July 10, 2012

| Registr | ation Statement | Water Utility Board COMMITTEE | |
|--|--|--|----|
| Please Print | | | |
| · · · · · · · · · · · · · · · · · · · | | PLEASE PRINT CLEARLY | ÷ |
| | | Name Vi Bergum | |
| Agenda No | | Address 47/8 Retana DV. | |
| | | | |
| Please check the ap | propriate boxes: | | |
| Support | | and Wish to speak | |
| Oppose Neither S | Support Nor Oppose | ☐ Do not wish to speak ☐ Available to answer questions | |
| (If you answered "i | you representing an organ no, " STOP; you need not on that and go on to the next qu | nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name testion.) | ne |
| Name, address and | telephone number of each | person or organization you are representing: | |
| | | | |
| 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 do not consider to some of the consideration of the source of the part of t | luties for this person or organization? Yes Vno complete the rest of this form. If you answered "yes," go on to the ne | xt |
| Speaking Limits: | Information Hearing | non Council)5 minutes 3 minutes 3 minutes | |

| | CITY OF MADISON |
|---|--|
| Registration Statement | Water Utility Board |
| Please Print | PLEASE PRINT CLEARLY |
| Agenda No | Name JOE BROGAN Address 437 N FEW 5/ 5 370 3 |
| Please check the appropriate boxes: | |
| Support Oppose Neither Support Nor Oppose 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 | nization or a person other than yourself: \(\bigcup \text{Yes} \otimes \text{No}\) t complete the rest of this form. If you answered "yes," provide the name |
| Name, address and telephone number of each | h person or organization you are representing: |
| | |
| | |
| Are you being paid for your representation? | · · · · · · · · · · · · · · · · · · · |
| Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.) | I duties for this person or organization? \square Yes \square No ot complete the rest of this form. If you answered "yes," go on to the nex |
| Information Hearing | mmon Council)5 minutes g3 minutes minutes minutes |

Date:

| Registration Statement | Water Utility Board |
|---|---|
| _ | COMMITTEE |
| Please Print | PLEASE PRINT CLEARLY |
| | Name SA BOSTON Address 10 N KENUSHA DR MADISAN WI 53785 |
| Agenda No | Address 10 N KENUSHA DR |
| | MADISON WI 53785 |
| 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 organ (If you answered "no," STOP; you need not of who you represent and go on to the next quantum of who you represent and go on to the next quantum of the your representation. | nization or a person other than yourself: \(\bigcap\) Yes \(\bigce\) 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: |
| | |
| 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.) | duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the nex |
| Information Hearing. | mon Council)5 minutes |

| | | CITY OF MA | DISON | | |
|--|--|---|---|--------------------------|-----------------------------|
| Registrat | ion Statement - | Water Utili | ty Board | | |
| | | COMMITTEE | | | |
| Please Print | | | | | |
| | | PLEASE | PRINT CLEARLY | | |
| | | Name | Tom E | Esser | |
| Agenda No. 26 | 958 | Address | 4610 Ha | mlet PL | |
| | | | Madison | | |
| DI 1 1 /1 | 1 | | | | |
| Please check the app | ropriate boxes: | | | | * |
| Support Oppose | the contract of | | and Wish to Do not v | speak vish to speak | |
| Neither St | the aption pro apport Nor Oppos | se | Availabl | e to answer que | stions |
| (If you answered "no of who you represent | ou representing an organ," STOP; you need not and go on to the next of | ot complete the rest question.) | of this form. If you c | answered "yes," | No provide the name |
| Name, address and to | elephone number of eac | on person or organi | zation you are repres | enting: | |
| | | | | | - |
| 1 | | | : | | |
| Are you being paid for | or your representation? | | | Yes | □ No |
| Are you appearing as (If you answered "no question.) | part of your other paid," STOP; you need no | d duties for this per ot complete the rest | son or organization? of this form. If you | ☐ Yes answered "yes,' | ☐ No " go on to the next |
| Speaking Limits: | Public Hearing (Con Information Hearing | | | | |

Date: 7/10/2012

| | CITY OF MADISO | ON. | |
|---|------------------|---|------------------|
| | Water Utility Bo | oard | |
| Please Print | | | |
| | PLEASE PRINT | CLEARLY | |
| | Name | Annette Esser | |
| Agenda No. 26958 | Address | 4610 Hamlet Pl | |
| | | Madison, Wi | |
| Please check the appropriate boxes: | | | |
| Support | and | ☐ Wish to speak | |
| Oppose the options prov | ded . | Do not wish to speakAvailable to answer qu | aestions |
| Neither Support Nor Oppose | | Available to answer qu | iestions |
| (If you answered "no," STOP ; you need not co of who you represent and go on to the next que. Name, address and telephone number of each p | tion.) | | , ргочие не папе |
| | | | |
| | . : | | |
| 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 coquestion.) | | | |
| Speaking Limits: Public Hearing (Commo Information Hearing Other Items | 3 min | utes | |
| Witten comment! (D) There shouldn't | be added in | est to "est-a | t' |
| "smart meter" pr | served like | an after thou | ght to the |
| investigation of | their States | . Check the | Vermont |
| policy. | | | |

Date: 7/10/2012

| | | CITY OF MADISON | |
|---------------------------|------------------------|--|--|
| Registrat | ion Statement - | Water Utility Board | |
| Please Print | | PLEASE PRINT CLEARLY | |
| . 0/ | | Name Candace Si | lber |
| Agenda No. | 09/58 | Address 1508 Jenit | ersk. |
| | | Madisan W | 53703 |
| Please check the app | ropriate boxes: | | |
| Support Oppose Neither St | ipport Nor Oppo | and Wish to speak Do not wish to Available to an | speak swer questions |
| (If you answered "no | | anization or a person other than yourself: ot complete the rest of this form. If you answer question.) | ☐ Yes ☑ No red "yes," provide the name |
| Name, address and te | lephone number of ea | ch person or organization you are representing | : |
| | | | |
| | | | · · · · · · · · · · · · · · · · · · · |
| : | | | |
| Are you being paid fo | or your representation | | ☐ Yes ☐ No |
| | | d duties for this person or organization? ot complete the rest of this form. If you answer | ☐ Yes ☐ No red "yes," go on to the next |
| Speaking Limits: | | mmon Council)5 minutes | |

Date: 7-10-12

Other Items......3 minutes