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Date:		
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Registra	tion Statement		lity Boar	rd	-		4
Please Print	(14)	COMMITTEE	E PRINT CL	EARLY		÷ ,	
Agenda No. pyi	c comment				pergm	unn	
At this meeting are y (If you answered "n	upport Nor Opport you representing an or o, "STOP; you need re t and go on to the next	ganization or a per not complete the re		nan yourself:	h to speak o answer ques Yes	□ No	ne nam
Name, address and to	elephone number of ea	ach person or orga	nization you	are represent	ting:		
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1	4.4		#	~	· · · · · · · · · · · · · · · · · · ·		- 4·.
Are you being paid f	or your representation	?			Yes	□No	
	s part of your other part, "STOP; you need n				☐ Yes wered "yes,"	No go on to t	he nex
Speaking Limits:	Public Hearing (Co Information Hearin Other Items	g	3 minutes			-	

9:05:37

Date:		

Registra	ation Statement	Water Util	itv Board		
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Please Print			* * *		5 ()
11040011111		PLEASE	PRINT CLEARLY	9.	
		Name	Michael	Revances	a 10
Agenda No. 20	6629	Address	302 7	1. J. Trial	1.1.
		Address		roy er.	- u
		×	· · · · ·		
Please check the ap	propriate boxes:				(1)
Support	,		and Wish to	speak	9.
Oppose				vish to speak	
	Support Nor Oppose		Availabl	e to answer question	ıs
	upport Noi Obbose	,		÷	
At this meeting are	you representing an organ	rization or a ners	on other than yoursel	f: Yes K	INO .
	no," STOP; you need not				4
	nt and go on to the next qu		of majorim zy your	moneta jes, pro	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Name, address and	telephone number of each	person or organ	ization you are repres	enting:	
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Are you being paid	for your representation?	÷ ·	*	☐ Yes ☐	TNo
ino jou come para	or Jour representation.			L 200	2
Are you appearing a	s part of your other paid of so, "STOP; you need not	duties for this per	rson or organization?	Yes []No
question.)	o, SIOF; you need not	complete the res	i oj inis jorm. 1j you i	inswered yes, go	on to the hex
Speaking Limits:	Public Hearing (Comr	non Council)	5 minutes		4
obearing rimits:	Information Hearing.			· 2	* * *
	Other Items			e	J*
	Omor roundimmini		- IIIIII		

Date: $\frac{7}{24/12}$

Registration Statement	
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
16	Name Rachel Durfee Address 848 Woodfow St.
Agenda No.	Address 848 Woodkow St.
	Madison W1537/1
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	☐ Do not wish to speak☐ Available to answer questions
Neither Support Nor Oppose	
At this meeting are you representing an organ	ization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not of	complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next qu	estion.)
Name, address and telephone number of each	person or organization you are representing:
T-A	-
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid d	
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
Are you appearing as part of your other paid d (If you answered "no," STOP; you need not o question.) Speaking Limits: Public Hearing (Comm	auties for this person or organization?

J. 44.30

Date:	7	Dy	
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Registration Stateme	ent - Water Utility Board	4	
Please Print	COMMITTEE		- 0
i lease fillit	PLEASE PRINT CLEARL	Υ .	
10	Name Joh E	dehereld	
Agenda No.	Address 20 Eug	all DE CHE	
i i	johea	ckhardt. ret	
Please check the appropriate boxes:			
Support		h to speak	
Oppose		not wish to speak	
Neither Support Nor O	ppose	ilable to answer question	5
of who you represent and go on to the	eed not complete the rest of this form. If you next question.) of each person or organization you are re		vide the name
व र		4 4	
Are you being paid for your representa	ation?	Yes	22
ALCOHOLOGO WITH THE A			No
	er paid duties for this person or organizate ed not complete the rest of this form. If y		No

Date: 7-24-2012

7:55

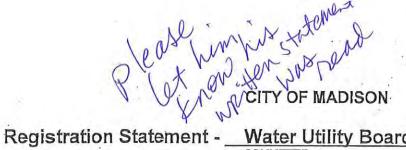
	ation Statement		y Board		
		COMMITTEE			* .
Please Print	1		M. M. S.		
			RINT CLEARLY		
	1	Name	Anneliese	Emerso	7
Agenda No.	9	Address	Anneliese 5137 Whi	tcomb D	r.
			Madison	WI	
Please check the ap	opropriate boxes:		• н		
At this meeting are (If you answered "of who you represe	Support Nor Oppose you representing an organismo, "STOP; you need not contained and go on to the next que	zation or a persor omplete the rest o	Available other than yourself of this form. If you an	ish to speak to answer ques	Ŋvo .
Name, address and	telephone number of each p	person or organiza	ation you are represe	nting:	
Name, address and	telephone number of each p	person or organiza	ation you are represe	nting:	
Name, address and	telephone number of each p	person or organiza	ation you are represe	nting:	
	for your representation?	person or organiza	ation you are represe	enting:	No
Are you being paid Are you appearing a		ities for this perso	on or organization?	☐ Yes	No No on to the ne

9:05:35

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Date: _	1.74	. 2012	

Registra	ition Statement	Water Utili	ty Board	- F		
		COMMITTEE				
Please Print	1		And the Comment			
	7 - 1		PRINT CLEARLY			
1.5	_ 11/4	Name	Annelies	e Emersor	1	
Agenda No	>	Address	5137 Wh	it comb Dr	-	
		6	Madison	e Emerson it comb Dr WI 53711	*	
Please check the app	propriate boxes:					
At this meeting are a (If you answered "no of who you represent	support Nor Oppose you representing an organize, "STOP; you need not contained and go on to the next quest elephone number of each persons.	cation or a perso emplete the rest stion.)	Do no Avail on other than your of this form. If yo	nu answered "yes," p	No	e name
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1	en e	9		4. 44.		3
Are you being paid f	for your representation?)-	4 - 1	Yes	No	
Are you appearing as (If you answered "no question.)	s part of your other paid dut o, " STOP; you need not co	ties for this pers mplete the rest	son or organization of this form. If yo	n?	No o on to th	ne next
Speaking Limits:	Public Hearing (Commo	n Council)	minutes			
	Information Hearing			<u> </u>		12
	Other Items		minutes		\$30	9

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Date: 7-24-11

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		PLEASE PRINT CLEARLY	5.
((1+-00+"	Name Torn ESSE Address 4610 44 m	n'
Agenda No.	77-007	Address 4610 Hum	ncest PC
× ×			WJ 53714
Please check the ap	ppropriate boxes:		
☐ Support		and Wish to s	peak
Oppose		Do not wi	ish to speak
	Support Nor Oppose	Available Available	to answer questions
	THE STATE OF THE S		
		tion or a person other than yourself:	
		uplete the rest of this form. If you ar	iswered "yes," provide the nam
of who you represe	nt and go on to the next quest	ion.)	
Name, address and	telephone number of each per	son or organization you are represe	nting:
		н	- (4)
r i		3 2 3	4 44
Are you being paid	for your representation?		Yes No
Are vou appearing	on part of your other paid dutie	es for this person or organization?	TYes No
(If you answered "n		plete the rest of this form. If you ar	
question.)			
Speaking Limits:	Public Hearing (Common	Council)5 minutes	
	Information Hearing		
,	Other Items		

Date: / / \alpha / / \alpha	Date:	7/	24	[12
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Registration Statement	Water Utili	ty Board	
	COMMITTEE		
Please Print	PLEASE I	PRINT CLEARLY	
	Name	Pacia J. Har 528 Troy Dr. Madison 53	per
Agenda No	Address	528 Troy Dr.	
		Madison 53	704
Please check the appropriate boxes:			
Support	`.	and Wish to speak	
Oppose		☑ Do not wish to spe ☐ Available to answe	
Neither Support Nor Oppose		Available to allswo	r questions
Please see comments on At this meeting are you representing an organi	່ຽຊະK. ization or a nerso	on other than vourself	Yes 🛛 No
(If you answered "no," STOP; you need not co	complete the rest	of this form. If you answered	
of who you represent and go on to the next que	estion.)		,
Name, address and telephone number of each	person or organi	zation you are representing:	•
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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 per complete the rest	son or organization?	Yes
	· · · · · · · · · · · · · · · · · · ·		
Speaking Limits: Public Hearing (Comm Information Hearing		the state of the s	
Other Items		•	A Company of the Comp

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Date: 7/24/12

Registra	ation Statement	Water Utility	Board			
-		COMMITTEE			4.1	3
Please Print	1	.000.23.300				
			NT CLEARLY	11		
	نــر:	Name	JILLIAN	HUSS	FY	
Agenda No	5	Address	409 BRID	GE ROAD.	#1	02
			MADIS	oas in	537	15
Please check the ap	propriate boxes:	-				
At this meeting are (If you answered "r of who you represent	Smart Metes Support Nor Oppose you representing an organ no," STOP; you need not ont and go on to the next que telephone number of each	ization or a person o complete the rest of i sestion.)	ther than yourself: this form. If you ans	h to speak o answer questi Yes wered "yes," p	No	e name
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1 10 1		ton	1	4 44		
Are you being paid	for your representation?			Yes	No	
	ns part of your other paid d			Yes wered "yes," g	No o on to th	he next
question.)						,
Speaking Limits:	Public Hearing (Comm	non Council)5 m	inutes			2
- I	Information Hearing	the state of the s			14.	4
+	Other Items	3 m	inutes	*	127	
			3			

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Date: _	1/24/10	
	/ /	

	- Water Utility Board	
	COMMITTEE	12.91
Please Print	PLEASE PRINT CLEARLY	Ô
Out-out	Name Larry	Kaumana
Agenda No.	Address 3730 H	amones lay the
Please check the appropriate boxes:		* · · · · · · · · · · · · · · · · · · ·
Support	and Wish to speak	
Oppose	Do not wish to	o speak nswer questions
Neither Support Nor Oppo	ese Available to a	inswer questions
At this meeting are you representing an or, (If you answered "no," STOP; you need no f who you represent and go on to the next	ot complete the rest of this form. If you answe	Yes No red "yes," provide the name
Name, address and telephone number of ea	ach person or organization you are representing	g:
Name, address and telephone number of ea	ach person or organization you are representin	g:
Name, address and telephone number of ea	ach person or organization you are representing	g:
1		g: Yes No
Are you being paid for your representation Are you appearing as part of your other paid (If you answered "no," STOP; you need no	?	Yes No
Are you being paid for your representation Are you appearing as part of your other pair	? Id duties for this person or organization?	Yes No
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.) Speaking Limits: Public Hearing (Co	? Id duties for this person or organization? Of complete the rest of this form. If you answe	Yes No
Are you being paid for your representation Are you appearing as part of your other pai (If you answered "no," STOP; you need n question.) Speaking Limits: Public Hearing (Co	? Id duties for this person or organization? of complete the rest of this form. If you answe	Yes No

Date: 4.24-12

Registration Statement - Water Utility Board
COMMITTEE
Please Print PLEASE PRINT CLEARLY
Agenda No. 18 Name DOLORSE REP Address 1818 Winchester St
MadidonW153704
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 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: Referral of the 11 access Tedinauso is soond!
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: 7-24-15

Registr	ation Statement	Water Utility	Board		
		COMMITTEE		-	
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	** /	Name L	DOLORSS	1 cate	1
Agenda No. #	: 15		212/10/20	- redic	
Agenda No	- 10	Address	818 1/11	ichester	250
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Please check the a	ppropriate boxes:			53704	L
				/	
Support		and			-1-
Oppose	delay			ish to speak	H 40
Neither	Support Nor Oppose		Available	to answer question	ons
At this meeting are	you representing an organ	vization or a paraon o	thos thos wounded for	. □ vee	□ No
	'no," STOP; you need not				∐ No •ovide the name
	ent and go on to the next qu		ins joint. 1 you un	istreteu yes, pi	oride the hame
		varuation :			0.0
Name, address and	telephone number of each	person or organizati	on you are represe	nting:	- 1
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		*			
Are you being paid	for your representation?			☐ Yes	No.
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	as part of your other paid			☐ Yes	No .
(If you answered in question.)	no," STOP; you need not	complete the rest of t	this form. If you ar	iswered "yes," go	on to the next
Speaking Limits:	Public Hearing (Comr	non Council) 5 m	inutes		
Spanning Diminis.	Information Hearing			1	
	Other Items			(*)	* 5
			ý.		

Date: $\frac{\eta}{\partial y}/12$

Registra		Vater Utility Boa	ard		
Please Print Agenda No	8	PLEASE PRINT O		closs (Lx	005
Please check the ap Support Oppose	propriate boxes:	and	✓ Wish to spe ☐ Do not wish	ak	
(If you answered "n of who you represen	you representing an organizate, "STOP; you need not contact and go on to the next quest telephone number of each pe	nplete the rest of this f tion.)	form. If you answ	wered "yes," pr	□ No ovide the name
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i :	× 1	¥ 4		9	j.
Are you being paid	for your representation?	~		Yes [☐ No
	s part of your other paid duti o, "STOP; you need not con				No on to the next
Speaking Limits:	Public Hearing (Commor Information Hearing Other Items	3 minute	es ·		9.5

9:51:20

CITY OF MADISON

Date:	7	124	1/12	
	1	1		-

Registration Statement	Water Utility Board
Please Print	PLEASE PRINT ÇLEARLY
Agenda No	Name Thomas Kozlovsky Address 139 Paaline Ave MAD190 M
Please check the appropriate boxes:	*
At this meeting are you representing an organi	ization or a person other than yourself: Yes No 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:
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1	
Are you being paid for your representation?	☐ Yes No
Are you appearing as part of your other paid do (If you answered "no," STOP; you need not c question.)	uties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the nex
Speaking Limits: Public Hearing (Comm	non Council)5 minutes

Date: 7-2 4-12

7:51

Registr	ation Statement	COMMITTEE	Board			
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Please Print		PLEASE PRI	NT CLEARLY	2.0	1	
		7		2.	chai	
	1	Name /	OPO Chy	Sro	RUCI	
Agenda No	8	Address	5150. WI	ritcom	6 1)4	7.
			Madiso	ny Wi	53	711
Please check the ap	propriate boxes:					
		and	☐ Wish to s	noole .		
Support	De-	allu		ish to speak	~ 4	
Oppose				to answer ques	stions	7
Neither S	Support Nor Oppose					
4.771		Goat on the second	.1 .1 .10	- 17-	Mar	
	you representing an organi				No.	
	no," STOP; you need not c nt and go on to the next que		nis jorm. 15 you ar	iswerea yes,	proviae in	e name
oj wilo you represen	ni ana go on io ine nexi que	esiton.)				
Name, address and	telephone number of each	person or organization	on you are represe	nting:		
-						1.5
· · · · · · · · · · · · · · · · · · ·				- HE - HE	8	~
		•			-	
Are you being paid	for your representation?		. 94	Yes	No	7
	V Pro			ш.		
	as part of your other paid d			Yes	□ No	
(If you answered "r	no," STOP; you need not c	omplete the rest of t	his form. If you ar	iswered "yes,"	go on to th	he next
question.)						
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Speaking Limits:	Public Hearing (Comm				1	41.
	Information Hearing		•	6		-
	Other Items	3 mi	inutes			~
			3			

		CITY OF M	ADISON		•
Registrat	tion Statement		lity Board	,	
Please Print	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	COMMITTEE	E PRINT CLEARL	.Y 1	,
Agenda No/	15	Name Addres	Dorot 5150 Mad	hy KY Whitcon son, Wi	b Dr. 537
Please check the app	ropriate boxes:				
Support Oppose Neither Su	apport Nor Oppose		Ø, D₀	sh to speak not wish to speak ailable to answer que	estions
(If you answered "no of who you represent	ou representing an organi o," STOP; you need not c and go on to the next que	complete the re estion.)	st of this form. If	you answered "yes,"	No No provide the nam
Name, address and te	lephone number of each j	person or orga	nization you are r	epresenting:	
· · · · · · · · · · · · · · · · · · ·				·	·
:			:		
Are you being paid fo	or your representation?			Yes	□ No
	part of your other paid do, "STOP; you need not c				□ No " go on to the nex
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	***************************************	3 minutes		

Date:

4.52

Date: 7/25/12

Please Print PLEASE PRINT CLEARLY Name Address Please check the appropriate boxes: Support Oppose 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 of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing:
Please check the appropriate boxes: Support
Agenda No
Agenda No
Please check the appropriate boxes: Support Oppose 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 of who you represent and go on to the next question.)
Support Oppose 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 of who you represent and go on to the next question.)
Support Oppose 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 of who you represent and go on to the next question.)
Support Oppose 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 of who you represent and go on to the next question.)
Oppose 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 of who you represent and go on to the next question.)
Neither Support Nor Oppose Available to answer questions 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 of who you represent and go on to the next question.)
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 of who you represent and go on to the next question.)
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the of who you represent and go on to the next question.)
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the of who you represent and go on to the next question.)
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?
The year sening paint for year representation.
Are you appearing as part of your other paid duties for this person or organization?
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the
question.)
question.) Speaking Limits: Public Hearing (Common Council) 5 minutes
question.)

11) WISH TO FREAK

Deter	11 7	HK	2012
Date: \	July of	/-	02012

050	CITY OF MADISON
Registra	ation Statement - Water Utility Board
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
10	Name Kinsten Lombard
Agenda No. /	Address 210 N. Paterson St. #2
	Madison, WI 53703
Please check the ap	propriate boxes:
Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither 8	Support Nor Oppose
(If you answered "r	you representing an organization or a person other than yourself: Yes No no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name and go on to the next question.)
Name, address and	telephone number of each person or organization you are representing:
	hould be no further delay on the development of a
solld opt	-out. The opt-out confully proposed is problematic
	than one respect. There shother for better options.
Are you being paid	for your representation? The water whility Yes No board should be work in fwith those citizen
Are you appearing a	as part of your other paid duties for this person or organization? Yes No
(If you answered "n	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
and the second second	Information Hearing3 minutes

Other Items......3 minutes

Date: 7/24/12

Registrat	tion Statement -	Water Uti	lity Board			
Please Print		COMMITTEE PLEASI	E PRINT CLEA	RLY	,	
Agenda No	30)	Name Address	. 1	tine My B. Sheridi dison,		1 13704
Please check the app	ropriate boxes:		-			
Support Oppose Neither St	ipport Nor Oppos	e	∑′I	Wish to speak Do not wish to sp Available to ansv		ons
(If you answered "no of who you represent	ou representing an orga o," STOP; you need not and go on to the next q	t complete the re uestion.)	st of this form.	If you answered	∏ Yes I "yes," pr	No rovide the nam
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Are you being paid fo	or your representation?				Yes J	∑ (No
Are you appearing as (If you answered "no question.)	part of your other paid "," STOP; you need not	duties for this pe complete the re	erson or organi st of this form.	zation? [Yes J d "yes," go	No on to the ne
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	***********	3 minutes		•	

Date: $\frac{7/24/12}{}$	
METERS CITY OF MADISON Date: 1/24/12	
Registration Statement - Water Utility Board	
Please Print PLEASE PRINT CLEARLY	
Agenda No. 27144 Address 1733 Sherridan Dr. Madison, W1 53704	
Please check the appropriate boxes: Support but no fel & Should be and Wish to speak Oppose neutred to do & and Do not wish to speak Neither Support Nor Oppose Available to answer questions Neither Support Nor Oppose Available to answer questions Should be in place BEFORE the commence of this meeting are you representing an organization or a person other than yourself: Yes No of the information	nam
	•

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

Are you being paid for your representation?

question.)

Speaking Limits:

Information Hearing......3 minutes

☐ Yes

Yes Yes

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

Date: $\frac{7}{24/12}$

Registra	tion Statement	Water Utility	/ Board	·	
Please Print	8	COMMITTEE PLEASE PI Name	RINT CLEARLY Carl Man	vw 13/1	. • • • • •
Agenda No. 26	301	Address _	1233 She Madison,	0 0	i Y
Please check the app	propriate boxes:				•
Support Oppose Neither S	upport Nor Oppose	•		peak sh to speak to answer question	าร
(If you answered "n of who you represen	you representing an organ or," STOP; you need not tand go on to the next quelephone number of each	complete the rest o uestion.)	f this form. If you an	swered "yes," pro	XNo wide the nam
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Are you being paid f	or your representation?			☐ Yes	No
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Speaking Limits:	Public Hearing (Communication Hearing Other Items	3	minutes		

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WETER 15 OPT-OUT

Date: 7/24/12

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Registration	Statement - <u>V</u>	Vater Utili	ty Board	•			
Please Print		OMM/TTEE	PRINT CLEAR	LY			
Agenda No. 2714	4	Name Address	Carl) 1233. Mados	Yum Sheph	M Jan H JL 53	, , Jo P	
Please check the appropriate Support Oppose No Neither Support Must he has At this meeting are you rep (If you answered "no," STO of who you represent and g	Support of feet should the solution of the sol	HSO/POL HSO/POL Ive COMMU ion or a perso uplete the rest	and Windows Av CMOMON Than you	ourself:	o speak nswer quest MAYU Yes	IX No	Fol name
Name, address and telephor	ie number of each per	son or organiz	zation you are i	representin	g :	•	
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Are you appearing as part of (If you answered "no," STO question.)					☐ Yes red "yes," ,	No go on to th	e next
Info	ic Hearing (Common mation Hearing	3	minutes				•

7:47:15

Date: July 34 1/2

		Vater Utility E	odiu		
Please Print	1	PLEASE PRIN	T CLEARLY		
Agenda No8		Name	Su Past 2502 gree MADISON	in Ridge Or	204
Please check the appr	ropriate boxes:				
Oppose Neither Su At this meeting are ye	stop installation pending complet pending complet proport Nor Oppose ou representing an organization," STOP; you need not com	dinance ion or a person of	ner than yourself:	n to speak o answer question Yes	PNO .
of who you represent	and go on to the next questi	on.)		27702	vide the name
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of who you represent	and go on to the next questi	on.)		27702	vide the name
of who you represent	and go on to the next questi	on.)		27702	No
of who you represent Name, address and te	and go on to the next questi	son or organization	n you are represent	ing: ☐ Yes ☐ Yes] No

8:56

Date: July 24 12

Registra	ation Statement		Board		
		COMMITTEE			
Please Print	1	DI EASE DE	RINT CLEARLY		
		PLEASE PR	\cap		
۸.,	×	Name	Suela	otor	
Agenda No)	Address	25026	reen Rio	Ge Dr
	3+1	· .	25026 MADISE	w w	53704
Please check the ap	propriate boxes:		4	100	
Support Oppose Neither S	delay but sto installation us Support Nor Oppose	To details,	Do not wi	peak sh to speak to answer questi	ons
(If you answered " of who you represe	you representing an organic," STOP; you need not and go on to the next quatelephone number of each	complete the rest of lestion.)	this form. If you ar	iswered "yes," p	☑ No rovide the name
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Are you being paid	for your representation?	*		Yes	□ No
	as part of your other paid on," STOP; you need not			☐ Yes nswered "yes," g	No on to the next
Speaking Limits:	Public Hearing (Comm	non Council)5 r	ninutes		-
A Section of the sect	Information Hearing	A R. S. Della College and the second of the		T (9)	
	Other Items		minutes		

Date: 7/24/2012

committee
Please Print PLEASE PRINT CLEARLY
Name Mary Pilling English
Agenda No. TT 3 Address 1910 Vilas Ave
Optout 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 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:
I am concerned about the lade of I disclosure
come about the imstallation of the Frant Meters
both general concerns and benefits to the publ
Are you being paid for your representation?
Are you appearing as part of your other paid duties for this person or organization? Yes No No Yes No 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: 1/24/12

Registration Statement	Water Utility Board
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Jim Powell Address (31) Later Pers Lie May 15 cm h (1-37 by)
Agenda No Meter accels	Address 311 Later Per She
Meter access.	Madison 1 (53704)
Please check the appropriate boxes:	
☐ Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	e 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 que Name, address and telephone number of each	complete the rest of this form. If you answered "yes," provide the name uestion.)
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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.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council)5 minutes 3 minutes 3 minutes
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Date: 7/29/52

Registration Statement -	COMMITTEE
	COMMINITEE
Please Print	PLEASE PRINT CLEARLY
	Name Jim Powell
Agenda No	Name Jim Powell Address 1311 late New Ame
	Madison W 5374
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 que Name, address and telephone number of each	complete the rest of this form. If you answered "yes," provide the name uestion.)
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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

Date: $\frac{7}{24/12}$

Registration Statement	COMMITTEE
Please Print	PLEASE PRINT CLEARLY Midwest Environment
Meter Agenda No. 8 Access	Name Maria Powell Unstra Address 1311 Lake View Are
	MAGUSUN WI 53701
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the namustion.)
Name, address and telephone number of each	person or organization you are representing: 60055 0007 meters until policy 15
IN Place ex	This is wrong + will create major confusion + problems.
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 nex
Information Hearing	non Council)5 minutes 3 minutes 3 minutes

Date: $\frac{7}{2}/2$

Registration Statement - Water Utility Board
COMMITTEE
Please Print PLEASE PRINT CLEARLY PLEASE PRINT CLEARLY
Name Maria Powell Institute
Agenda No. Opt Barrell Address 1311 Lake View Ave
out Madison, WI
Please check the appropriate boxes:
Support - oft oaf Oppose fees for opting out 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 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:
Please stop installation until the opt-out policy is developed
- address same as above This is wrong and will create
major confusion + problems
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: 7/24/12

Registration Statement -	Water Utility Board
Dlagge Dwint	
Please Print	PLEASE PRINT CLEARLY
	Name MAZIA REIS
Agenda No.	Address 610 Pickford St
	Madison, WI 53711
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 orga	nization 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 q	uestion.)
Name, address and telephone number of each	person or organization you are representing:
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Are you being paid for your representation?	∐ Yes L'XNo
Are you appearing as part of your other paid	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the nex
question.)	complete the rest of this form. If you this wered yes, go on to the nex
Speaking Limits: Public Hearing (Com	mon Council)5 minutes
	3 minutes
Uner Hems	3 minutes

Date:	7/24	12
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	ion Statement	COMMITTEE				
Please Print	i		ë , , , , e			
Flease Frint		PLEASE	PRINT CLEARLY			
	93-0	Name	KIM DORRY S	SANTAGO		
Agenda No. 14		Address	0901 OLD	BAUK CT		
	¥ (1)	4	MADISON, U	WI 53717		
Please check the app	ropriate boxes:					
		4	and Widht	- moole		
Support				speak wish to speak		
Oppose Neither St	pport Nor Oppose			ble to answer ques	stions	1
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At this masting on T	ini			10 . [] 37	DAT.	
At this meeting are y	ou representing an organi	zation of a perso	on other than yourse	elf: Yes	No	
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(10) 8. METERI - BAIBNER ACCESS

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Date: _	7/24/12	

Registr		Vater Utility I	3oard		
Please Print	1	OWNINTTEE			
Flease Frint	Ý	PLEASE PRIN	NT CLEARLY	En .	
Agenda No	8	NameAddress	84 Kes	andra J. Smith sel Ct. #28 n, WI 53711-6247	
At this meeting are (If you answered " of who you represe	Support Nor Oppose you representing an organiza no," STOP; you need not com nt and go on to the next quest telephone number of each per	tion or a person of inplete the rest of the ion.)	her than yourself: his form. If you an	swered "yes," prov	No ·
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Are you being paid	for your representation?		· *	☐ Yes 💆	No No
Are you appearing : (If you answered "r question.)	as part of your other paid dutino," STOP; you need not com	es for this person on the person of the pers	or organization? his form. If you an	Yes swered "yes," go o	No n to the nex
Speaking Limits:	Public Hearing (Common Information Hearing Other Items	3 mi	nutes		

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Date: _	734	10	

Registra	ation Statement	COMMITTEE	<u>a</u>	
Please Print	Ì	Υ .		
		PLEASE PRINT CLI	EARLY	
Agenda No	15	NameAddress	Ms. Sandra J. Smith 84 Kessel Ct. #28 Madison, WI 53711-6247	
Please check the ap	propriate boxes:	N		
	Staff recommendat Support Nor Oppose	ioω and □	Wish to speak Do not wish to speak Available to answer question	ons
At this meeting are (If you answered "n of who you represent	you representing an organi	omplete the rest of this for estion.)	m. If you answered "yes," pr	No vovide the name
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K 24)¥(
Are you being paid	for your representation?		☐ Yes [⊒⁄No
	as part of your other paid du no," STOP; you need not co		anization?	No on to the next
Speaking Limits:	Information Hearing	on Council)5 minutes3 minutes3 minutes		* *

Date: 7-24-2612

Registration Statement - Water Utility Board	
COMMITTEE	
Please Print PLEASE PRINT CLEARLY	
Agenda No. 4 15 Name RENE TEA Address 5446 LAKEN Madi Son Will S	MPLY NENDOTA OR 53705
Please check the appropriate boxes:	
Support waters and Wish to speak Oppose Available to answer	r questions
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 "of who you represent and go on to the next question.)	Yes 🛴 No yes," provide the nam
Name, address and telephone number of each person or organization you are representing:	as Sorn
nd marifold	
Are you being paid for your representation?	Yes 🗹 No
Are you appearing as part of your other paid duties for this person or organization? [If you answered "no," STOP; you need not complete the rest of this form. If you answered "question.)	Yes No 'yes," go on to the nex
Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing	
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Date:	Tuly	241	2012
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Registra	tion Statement	Water Utility Board	
		COMMITTEE	_
Please Print	1		
		PLEASE PRINT CLEARLY	
	18	Name Kirsten Lomberd	
Agenda No. 16		Address 210 N. Paterson St. #2	
		Madison, WI 53703	
Please check the app	ropriate boxes:		
⊠ Support		and Wish to speak	
Oppose		Do not wish to speak	
	apport Nor Oppose	e Available to answer questions	
	and go on to the next quelephone number of each	n person or organization you are representing:	***
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1			- 1
Are you being paid for	or your representation?	Yes No	
		duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on t	