

4:58

(A) RE: AGENDA ITEM 14.

Date: _____

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

(14)

Agenda No. <u>private wells</u> <u>public comment</u>
--

PLEASE PRINT CLEARLY

Name Michael Bergmann

Address 302 Troy Dr.

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:

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 question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
 Information Hearing..... 3 minutes
 Other Items..... 3 minutes

(SEE BACK)

4:47:30

Date: 7/24

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. 14

PLEASE PRINT CLEARLY

Name Jan Eckhardt
Address 20 Egleston Dr Oak
john@eckhardt.net

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:
Wish to speak after staff update

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 question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

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4:52

Date: 7/23/12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

<p><i>private well</i></p> <p>Agenda No. <u>14</u></p> <p><i>abandoned project</i></p>
--

PLEASE PRINT CLEARLY

Name Tom Link

Address 1111 Willow

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:

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 question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
 Information Hearing 3 minutes
 Other Items 3 minutes

(SEE BACK)

453

Date: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. 14

PLEASE PRINT CLEARLY

Name KIM DORRY SANTIAGO
Address 6901 OLD SAUK CT
MADISON, WI 53717

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:

1. SAME AS ABOVE
2. SPOUSE - JOSE MADORA - SAME CONTACT INFORMATION

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 question.)

Speaking Limits:

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

(SEE BACK)