

Date: 7.24.2012

7:55

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u>8</u>

PLEASE PRINT CLEARLY

Name Anneliese Emerson
 Address 5137 Whitcomb Dr
Madison, WI

Please check the appropriate boxes:

- Support
- Oppose *do language?*
- 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)

Date: 7.24-12

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u>#8</u>

PLEASE PRINT CLEARLY

Name Dolores Kester

Address 1818 Winchester St

Madison WI 53704

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:

Referral of the "access rednase"
is good!
It has many problematic provisions

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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Date: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u>8</u>

PLEASE PRINT CLEARLY

Name Thomas Korloosky

Address 1139 Paecette Ave
MADISON, WI 53705

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

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Date: 7-24-12

7:51

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. 8

PLEASE PRINT CLEARLY

Name Dorothy Kroeber
Address 5150 Whitcomb Dr.
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:

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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Date: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

8

Agenda No. 26301

PLEASE PRINT CLEARLY

Name Kristine Mattis
Address 1733 Sheridan Dr.
Madison, WI 53704

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)

Date: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

8

Agenda No. 26301

PLEASE PRINT CLEARLY

Name Carl Mumm
Address 1233 Sheridan Dr.
Madison, WI 53704

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

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7:47:15
7:50:15

Date: July 24 '12

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. 8

PLEASE PRINT CLEARLY

Name Sue Pastor
Address 2502 Green Ridge Dr
MADISON WI 53704

Please check the appropriate boxes:

- Support stop installation
- Oppose pending completion
- Neither Support Nor Oppose of ordinance

- 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

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Date: 7/25/12

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u>8</u> <u>Meter access</u>
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PLEASE PRINT CLEARLY

Name Jim Powell

Address (31) Lakeview Ave
Madison WI 53704

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

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Date: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u>8</u>	<u>Meter Access</u>
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PLEASE PRINT CLEARLY

Name Maria Powell | Midwest Environmental Justice Org

Address 1311 Lake View Ave

MADISON 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

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 of meters until ^{SCSS} policy is
in place!! This is wrong + will create major
address same as above confusion + problems.

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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10 8. METER - BARBENA ACCESS

Date: 7/24/12

CITY OF MADISON

Registration Statement - Water Utility Board COMMITTEE

Please Print

Agenda No. 8

PLEASE PRINT CLEARLY

Name

Address



Please check the appropriate boxes:

- Support staff recommends referral for 6 months. and Oppose Neither Support Nor Oppose

- 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:

Blank lines for name, address, and telephone number.

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 Hearing3 minutes Other Items.....3 minutes

(SEE BACK)