Date: 7-24-2012

7:55

	COMMITTEE
Please Print	
ricase rimt	PLEASE PRINT CLEARLY
	1 1 7
	Name Anneliese Emerson
Agenda No.	Address 5137 Whit comb Dr
	Madison WI
	¥ 160
Please check the appropriate boxes:	
Support	and Wish to speak Do not wish to speak
Oppose de language	
Neither Support Nor Oppose	3
At this mosting one way remeasuring on anger	
At this meeting are you representing an organ	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the nat
of who you represent and go on to the next qu	
Name, address and telephone number of each	person or organization you are representing:
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<u>a</u>	
Are you being paid for your representation?	☐ Yes No
Are you appearing as part of your other paid d	duties for this person or organization? Yes No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not of	
Are you appearing as part of your other paid d	duties for this person or organization? Yes No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not a question.) Speaking Limits: Public Hearing (Comm.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the ne non Council) 5 minutes
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not of question.) Speaking Limits: Public Hearing (Communiformation Hearing	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the ne mon Council) 5 minutes
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not of question.) Speaking Limits: Public Hearing (Communiformation Hearing	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the ne non Council) 5 minutes

Date: 4.24-12

Registration Statement - <u>water Utility Board</u>
Please Print PLEASE PRINT CLEARLY
Agenda No. 18 Name DOLORS SER Address 1818 Whichester St Madidon W 153704
Please check the appropriate boxes:
Support and Wish to speak Oppose Do not wish to speak 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 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 Tedenauco 15 good 15 good 16 good 17 good 18
Are you being paid for your representation? Yes ANO
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: $\frac{\eta}{\partial x}/2$

Registration Statement - <u>Water Utility Board</u>
COMMITTEE
Please Print PLEASE PRINT CLEARLY
Name Thomas Korloig (x
Agenda No Address (139 Pag Citre Ava
MADISON, E, 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:
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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: 7-2 4-12

7:51

COMMITTEE
COMMITTEE
Please Print PLEASE PRINT CLEARLY
Agenda No. S Name Dopothy Kroeber Address 5/50, Whiteh Dr.
Magison Wi. 5371
Please check the appropriate boxes:
Support Oppose 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 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 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 need question.)

Date: 7/24/12

Registra	tion Statement -	Wat	er Utility	Board				,
<u>Please Print</u>	8		TTEE PLEASE PR Name	11	RLY HM -	Matt		· .
Agenda No	301		Address	1738	3 Sher	idan D	537C) Y
Please check the app	propriate boxes:	•						
Support Oppose Neither S	upport Nor Oppos	e	an	Ŋ'I	Wish to spe Do not wis Available t		tions	
(If you answered "n of who you represen	you representing an orga o," STOP; you need not t and go on to the next q elephone number of each	t complet uestion.)	te the rest of	this form.	If you ans		XNo provide th	е пат
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	or your representation?					Yes	⊠‰ □	
Are you appearing as (If you answered "no question.)	s part of your other paid o," STOP; you need not	duties fo complet	or this person te the rest of	i or organi <i>this form.</i>	ization? <i>If you ans</i>	☐ Yes wered "yes,"	go on to t	he nex
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items	***********	3 r	ninutes	·			•

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

Registra	tion Statement	Water Utility B	oard	
Please Print Agenda No. 26	8	PLEASE PRINT Name Address M	oclearly and Mumm 233 Sherida adison, Wi	n Dr. 53704
Please check the app	propriate boxes:		, , , , , , , , , , , , , , , , , , ,	
Support Oppose Neither S	upport Nor Oppose	and	☐ Wish to speak ☐ Do not wish to spe ☐ Available to answ	
(If you answered "no of who you represen	you representing an organ o," STOP; you need not t and go on to the next qu elephone number of each	complete the rest of thi uestion.)	is form. If you answered	Yes \(\sum \)No "yes," provide the nam
ivanie, address and a	ciephone number of each	poison of organization	t you are representing.	
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i :		· · · · · · · · · · · · · · · · · · ·		
Are you being paid f	or your representation?		· .	Yes No
Are you appearing as (If you answered "no question.)	s part of your other paid on, "STOP; you need not	luties for this person or complete the rest of thi	organization?	Yes \times No "yes," go on to the nex
Speaking Limits:	Information Hearing	non Council)5 min 3 min 3 min	utes	

7:47:15

Date: July 24 1/2

Registration Statement - Water Utility Board
COMMITTEE
Please Print
PLEASE PRINT CLEARLY
Name Su Pastor
Agenda No. 8 Address 2502 green Padge Or
MADISON W1 53704
Please check the appropriate boxes:
Support stop installation and Wish to speak Oppose Pending completion 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 You (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:
η :
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 nex question.)
Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing

Date: 1/14/12

Registration Statement - <u>Water Utility Board</u>	
COMMITTEE	
Please Print PLEASE PRINT CLEARLY	
Name Jim Powell	
Agenda No Address 31 Later Ters die	
Meter access. Madison h 153704	
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 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 not of who you represent and go on to the next question.)	m
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 n question.)	exi
Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing	:

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

	COMMITTEE
Please Print	PLEASE PRINT CLEARLY Midwest Environment
Agenda No. 8 Access	Name Many Powell Unstruments Address 1311 Lake View Ae MAGUSUN WI 53707
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 ques	mplete the rest of this form. If you answered "yes," provide the nam stion.)
Name, address and telephone number of each per Please Stap installation	erson or organization you are representing: 60055 000 meters until policy 15
IN Olace B	This is wrong + will create major
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid dut (If you answered "no," STOP; you need not co-question.)	ies for this person or organization?
Speaking Limits: Public Hearing (Commo Information Hearing Other Items	3 minutes

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Registration Statement -

Date:	7	241	12	
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Registration Statement - Water Utility Board
COMMITTEE
Please Print
PLEASE PRINT CLEARLY
Name
Agenda No. Ms. Sandra J. Smith
Agenda No Address 84 Kessel Ct. #28 Madison, WI 53711-6247
Diagon shoots the survey with house
Please check the appropriate boxes:
Support Staff recommends referful and Do not wish to speak Oppose Neither Support Nor Oppose Available to answer questions
Oppose for 6 mounts. 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
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of who you represent and go on to the next question.)
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of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing:
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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?
Name, address and telephone number of each person or organization you are representing:
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 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.)
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 No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next