Date: 8/28/1.2

6.31:40

CITY OF MADISON

Registration Statement	Water Utility Board	
	COMMITTEE	
Please Print		
	PLEASE PRINT CLEARLY	
	Name 57m Powell	
Agenda No	Name 51m Povell Address 1311 Lake Mer A	٠٠
	Meaum wi s	-37 c y
Please check the appropriate boxes:		
☐ Support	and Wish to speak	
Oppose	Do not wish to speak	
Neither Support Nor Oppose	e Available to answer question	S
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," prouestion.)	No vide the name
		;
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.)	duties for this person or organization?] No on to the next
Information Hearing	mon Council)5 minutes	

1:10	Date: 8/28 (17
6:34:10 6:37:10 6:3 Registration Statement	CITY OF MADISON
6. 3 Registration Statement	Water Utility Board
	COMMITTEE
Please Print	·
	PLEASE PRINT CLEARLY
	Name Maria Powell
Agenda No.	
	Madison WI 53704
Please check the appropriate boxes:	
rease 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 organical (If you answered "no," STOP; you need not confirm 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 estion.)
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Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid di (If you answered "no," STOP; you need not a question.)	uties for this person or organization? Yes No omplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Comm	on Council)5 minutes