Date: 9/12/12/

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY
Agenda No. Fl Name Jon Mack Address 2400 Calypso Rd
Please check the appropriate boxes: Ald, Ververs
Please check the appropriate boxes: Ald, Ververs Support 26603 Alternate ordinance Oppose Neither Support Nor Oppose
Speaking Limits: Public Hearing
At this meeting are you representing an organization or a person other than yourself: Yes \Box No (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):
Name, address and telephone number of each person or organization you are representing: <u>Cab Drivers For Madison Safety & Self</u>
Are you being paid for your 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 next question.)
(SEE BACK)

Date: 9/12/12/
CITY OF MADISON
√ Registration Statement – Transit and Parking Commission
You must register before the Commission considers your item.
PLEASE PRINT CLEARLY
Agenda No. Fl 26603 Name Hawk Sullivan Address 4613 Maker
Please check the appropriate boxes:
Support and Wish to speak Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions
Speaking Limits: Public Hearing
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 whom you represent below, and go on to the next question.)
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):
· · · · · · · · · · · · · · · · · · ·
Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation?

Yes Are you appearing as part of your other paid duties for this person or organization? 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 question.)

No

Yes

(SEE BACK)

Date: <u>9-12-12</u>

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
*	Name ROSEMARY LET
Agenda No. <u> </u>	1 Address III W WISON
:	53703
Please check the appro	opriate boxes:
Support	and Wish to speak
D Oppose	Do not wish to speak Available to answer questions
	pport Nor Oppose
Speaking Limits:	Public Hearing5 minutes Information Hearing3 minutes
	Other Items
At this meeting are yo (If you answered "no,	u representing an organization or a person other than yourself: Yes Yes "STOP; you need not complete the rest of this form. If you answered "yes," provide the name
of whom you represent	t below, and go on to the next question.)
COMMENTS RELA	TED TO THE ITEM ON THE AGENDA (optional):
SUPPORT	ALDER VERVEER'S VERSION 2 - 10:00F-4:00A
Norma e ddinae - 1 e d	where number of each nerror or organization you are representing
Name, address and tele	ephone number of each person or organization you are representing:
• 	
2) 	
Are you being paid for	
Are you appearing as p (If you answered "no," question.)	art of your other paid duties for this person or organization? Yes No 'STOP; you need not complete the rest of this form. If you answered "yes," go on to the next
1	

Date: <u>9-12-12</u>

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
	Name Mary Carbine
Agenda No. <u>F.]</u>	Address 122 W. Washington Ane
	Midison 53703
Please check the appropriate boxes:	
Support 1 st Alternale Oppose Neither Support Nor Oppose	\square Available to answer questions
Information Hearing	5 minutes g3 minutes 3 minutes
At this meeting are you representing an org (If you answered "no," STOP ; you need no of whom you represent below, and go on to	ganization or a person other than yourself: Yes \Box No ot complete the rest of this form. If you answered "yes," provide the name the next question.)
COMMENTS RELATED TO THE ITED	M ON THE AGENDA (optional):

Madism Central BID
122 W. Washington Ave. #250
Madison WI 53703
× 608-512-1340
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? (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

D	ate:	
$\boldsymbol{\nu}$	all.	

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
C 1	Name David Lee
Agenda No.	Address 2458 Pennsylvania Avenue
	Madisov 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
Speaking Limits: Public Hearing Information Hearing Other Items	3 minutes
At this meeting are you representing an organization (If you answered "no," STOP ; you need not complete of whom you represent below, and go on to the next	ete the rest of this form. If you answered "yes," provide the name
COMMENTS RELATED TO THE ITEM ON T	HE AGENDA (optional):
1	
Name, address and telephone number of each person Unlow Cab Steering Team	n or organization you are representing:
Are you being paid for your representation?	🗌 Yes 🛛 No
Are you appearing as part of your other paid duties f (If you answered "no," STOP; you need not complet question.)	or this person or organization? Yes No the the rest of this form. If you answered "yes," go on to the next

Date: 9/12/12

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY
Agenda No. F1 - 26603 Name Dee Pachthofer Address 120 S Blatr St #1
Madison 53703
Please check the appropriate boxes:
Support and Wish to speak Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions
Speaking Limits: Public Hearing
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 whom you represent below, and go on to the next question.)
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):
Lapprove of and support both recommendations for taxis on State Street either 7p-42 or 10p-42
Name, address and telephone number of each person or organization you are representing: Union Cab of Modison 608 242 2000 2458 Pennsylvania Av
Union Cab & Modison 6082422000 2458 Rennsylvania Av Gb Drivers for Modison Safety Modison, VI
Are you being paid for your 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 next question.)

Date: 9/12/12

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY
Agenda No. F1 Address 1624 Forden Ave #203 Madison WI 53704
Please check the appropriate boxes:
Support 26603 and Wish to speak Oppose Do not wish to speak Neither Support Nor Oppose Available to answer questions
Speaking Limits: Public Hearing
Other Items
Name, address and telephone number of each person or organization you are representing: Cab Drives For Wadkon Safety 608-320-0167
Are you being paid for your representation?
Are you appearing as part of your other paid duties for this person or organization? \Box Yes \Box 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.)
(SEE BACK)

Date: 9)12/12
CITY OF MADISON
Registration Statement – Transit and Parking Commission
You must register before the Commission considers your item.
Agenda No. F1 Agenda No. F1 Address 1624 Fordon Avett 203 ModDCh WJ 53704
Please check the appropriate boxes: Support 26603 Oppose Neither Support Nor Oppose Speaking Limits: Public Hearing
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.) If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

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Date: _______

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
Agenda No	Name Michael Dentice Address 533 Lisa Ann Dr Madison, WIE
	_/ (MO(130) , .
Information Hearing Other Items At this meeting are you representing an organ (If you answered "no," STOP ; you need not co of whom you represent below, and go on to th COMMENTS RELATED TO THE ITEM	5 minutes 3 minutes ization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name e next question.)
E	
*	
	·
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 du <i>(If you answered "no,"</i> 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 next
	(SEE BACK)

Date: 10-12-12

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
Agenda No. <u>26(</u>	Address Swallingford Civ May we 53717
Please check the appro	opriate boxes:
□ Support □ Oppose □ Neither Support	and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits:	Public Hearing
(If you answered "no, of whom you represent	a representing an organization or a person other than yourself: Yes No "STOP; you need not complete the rest of this form. If you answered "yes," provide the name t below, and go on to the next question.)
COMMENTS RELA	TED TO THE ITEM ON THE AGENDA (optional):
Support	7/h storf

Name, address and telephone number of each person or organization you are representing:

For fath Asthe dix rap Athan Make			
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 and question.)	☐ Yes swered "yes,"	D No go on to the	e next

Date: <u>9/12/12</u>

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. <u>F(</u>	Address 2832 MYRTLE ST MADISON, WI 53704		
Please check the appropriate boxes			
Support Oppose Neither Support Nor	and Wish to speak Do not wish to speak Available to answer questions		
Information	ing5 minutes Hearing3 minutes 3 minutes		
At this meeting are you representing an organization or a person other than yourself: Yes \square No (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)			
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):			

Name, address and telephone number of each person or organization you are representing:

UNION CAB OF MODISON	
242-2000 2458 PENNSYLVANIA	AVE
MADISON, WI 5376	P
Are you being paid for your representation?	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 "yes," go a question.)	No n to the next

Date: 09/12/12

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

		PLEASE	PRINT CLEARLY		55
Agenda No. <u>F</u> I		Name Address	DAVID ROSSII 1129 ELIZABE MADISON, IN	TH ST.	3
Please check the appro	opriate boxes:				
Support Oppose Neither Suj	pport Nor Oppose			peak ish to speak to answer que	stions
Speaking Limits:	Public Hearing Information Hearing Other Items		.3 minutes		
(If you answered "no, of whom you represent	u representing an organizatio " <i>STOP;</i> you need not compl t below, and go on to the nex <u>TED TO THE ITEM ON T</u>	lete the res t question.,	t of this form. If you an)	¥es iswered "yes,"	No ' provide the name
UNION CAB &	your representation?)Z42-Z	2000	nting:	Mo Mo Mo
the you appearing as p	art of your other paid duties				L'I'll

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

(SEE BACK)

07/12/06-F:\TNCOMMON\COMMITTE\TR&PKG\Registration Form 6.30.06 per APM.doc

A

Date: 9-12-12

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
HE I	Name Kristin Forde
Agenda No.	Address 2336 Superior St
	Madison, W153704
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits: Public Hearing	
Information Hearing Other Items	
At this meeting are you representing an organization (If you answered "no," STOP ; you need not complet of whom you represent below, and go on to the next COMMENTS RELATED TO THE ITEM ON T	ete the rest of this form. If you answered "yes," provide the name question.)
Name, address and telephone number of each persor	n or organization you are representing:
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid duties f (If you answered "no," STOP ; you need not comple question.)	or this person or organization? Yes No the the rest of this form. If you answered "yes," go on to the next
1 1	

Date: 1-12-12

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY		
Agenda NoF	$= 1 \qquad \text{Name} \qquad D_{4}b$ $= 1 \qquad \text{Address} \qquad (15 fc.)$	Washington	
Please check the approx	opriate boxes:		
Support Oppose Neither Sup	Do no	to speak ot wish to speak lable to answer questions	
Speaking Limits:	Public Hearing5 minutes Information Hearing3 minutes Other Items3 minutes		
At this meeting are you representing an organization or a person other than yourself: X Yes No (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)			

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

CONTRELATED TO THE TIENT ON THE ROLL OF CONTRELATED	

Name, address and telephone number of each person or organization you are representing:

onvention of SINJ BURGIL Kinton

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.)

Date:	9/12/12

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. <u>F. </u>	26603 Address 615 E WASHINGTON MADISON 53703
Please check the appro	priate boxes: and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits:	Public Hearing
(If you answered "no,"	representing an organization or a person other than yourself: Yes \Box No 'STOP; you need not complete the rest of this form. If you answered "yes," provide the name below, and go on to the next question.)
COMMENTS RELA	TED TO THE ITEM ON THE AGENDA (optional):
1	

Name, address and telephone number of each person or organization you are representing:

BRANE MORGENTHALER		
615 E WASHINGTON AVE		
MATSISON WI 53702		
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 ans question.)	Yes swered "yes,"	No go on to the next

(SEE BACK)

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Date: <u>9-12-12</u>

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
Agenda NoF	Address 305 STATEST.
Oppose Oppose	opriate boxes: and Image: Wish to speak Image: Wish to speak Image: Do not wish to speak Image: Pport Nor Oppose Image: Available to answer questions
Speaking Limits:	Public Hearing
At this meeting are yo	ou 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 whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

I would like to	tell the comprise	ion what my dust	omen al Jutto Pasta
gave me an their	feedback for call	s was allowed t	to draw on State to
be hailed ,			
1			
:			

Name, address and telephone number of each person or organization you are representin	ıg:		
Are you being paid for your 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 answer question.)	☐ Yes ☐ Yes ered "yes,"	⊠ No ⊠ No go on to t	he next

-	Date:
	CITY OF MADISON
Registration Statemer	nt – Transit and Parking Commission $\wedge \vee$
You must register be	fore the Commission considers your item.
	PLEASE PRINT CLEARLY
Agenda No. <u>F. 1</u>	Name <u>Ald</u> , <u>Mike Vervees</u> Address <u>614</u> W. Doty street, #407
Please check the appropriate boxes:	
Support Alternate Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
Other Items	
At this meeting are you representing an organize (If you answered "no." STOP : you need not co.	ation or a person other than yourself: X Yes No mplete the rest of this form. If you answered "yes." provide the name

(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," prov of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

:

Name, address and telephone number of each person or organization you are representing:

41 Aldermatic Did Yes No Are you being paid for your representation? Y Yes Are you appearing as part of your other paid duties for this person or organization? 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.) (SEE BACK)