

Date: _____

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>41</u>

Name Earlie Wilson

Address Homeless

Please check the appropriate box:

Please check the appropriate box:

- 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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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Date _____

Signature _____

Print Name _____

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PLEASE PRINT NAME CLEARLY

Agenda No. <u>41</u>

Name Ted Voith Jr.
 Address 1335 Williamson # 2

Please check the appropriate box:

- Support
- Oppose**
- Neither Support Nor Oppose

AND

Please check the appropriate box:

- Wish to speak
- Do not wish to speak
- Available to answer questions

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Date _____

Signature _____

Print Name _____

Date: 7/17/02

CITY OF MADISON

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Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 41

Name Genie Ogden
Address 1615 Madison St

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

Please check the appropriate box:

- Wish to speak
- Do not wish to speak
- Available to answer questions

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Date _____

Signature _____

Print Name _____

Date: 7/17/12

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

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Please Print

Agenda No. 41

PLEASE PRINT NAME CLEARLY

Name EDWARD KUCHARSKI

Address 405 SIDNEY ST

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

Please check the appropriate box:

- Wish to speak
- Do not wish to speak
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Date _____

Signature _____

Print Name _____



Date: 7/17/2012

WISH TO SPEAK FORM

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 41

PLEASE PRINT NAME CLEARLY

Name BRIAN STANDING
Address 3210 JAMES ST
MADISON, WI 53714

Please check one:

AND

Please check:

- Support
- Oppose
- Neither Support Nor Oppose

Wish to Speak

At this meeting are you representing an organization or a person other than yourself: Yes No
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