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

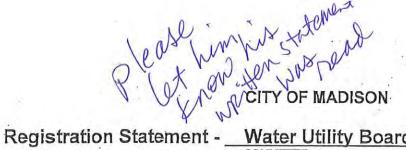
Registration Statement	
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
16	Name Rachel Durfee Address 848 Woodfow St.
Agenda No.	Address 848 Woodkow St.
	Madison W1537/1
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	☐ Do not wish to speak☐ Available to answer questions
Neither Support Nor Oppose	
At this meeting are you representing an organ	ization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not of	complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next qu	estion.)
Name, address and telephone number of each	person or organization you are representing:
T-A	-
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid d	
Are you appearing as part of your other paid d (If you answered "no," STOP; you need not a question.)	uties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Are you appearing as part of your other paid d (If you answered "no," STOP; you need not o question.) Speaking Limits: Public Hearing (Comm	auties for this person or organization?

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Date: _	1.74	. 2012	

Registra	ition Statement	Water Utili	ty Board			
		COMMITTEE				
Please Print	1		A No. 100 Comment			
	7 - 1		PRINT CLEARLY			
1.5	_ 11/4	Name	Annelies	e Emersor	1	
Agenda No	· ·	Address	5137 Wh	it comb Dr	-	
		6	Madison	e Emerson it comb Dr WI 53711	*	
Please check the app	propriate boxes:					
At this meeting are a (If you answered "no of who you represent	support Nor Oppose you representing an organize, "STOP; you need not contained and go on to the next quest elephone number of each persons.	cation or a perso emplete the rest stion.)	Do no Avail on other than your of this form. If you	nu answered "yes," p	No	e name
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1	en e	9		4. 44.		3
Are you being paid f	for your representation?)-	4 - 1	Yes	No	
Are you appearing as (If you answered "no question.)	s part of your other paid dut o, " STOP; you need not co	ties for this pers mplete the rest	son or organization of this form. If yo	n?	No o on to th	ne next
Speaking Limits:	Public Hearing (Commo	n Council)	minutes			
	Information Hearing			<u> </u>		12
	Other Items		minutes		\$30	9

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Date: 7-24-11

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		PLEASE PRINT CLEARLY	5.
((1+-00+"	Name Torn ESSE Address 4610 44 m	n'
Agenda No.	77-007	Address 4610 Hum	ncest PC
× ×			WJ 53714
Please check the ap	ppropriate boxes:		
☐ Support		and Wish to s	peak
Oppose		Do not wi	ish to speak
	Support Nor Oppose	Available Available	to answer questions
	THE STATE OF THE S		
		tion or a person other than yourself:	
		uplete the rest of this form. If you ar	iswered "yes," provide the nam
of who you represe	nt and go on to the next quest	ion.)	
Name, address and	telephone number of each per	son or organization you are represe	nting:
		н	- (4)
r i		3 2 3	4 44
Are you being paid	for your representation?		Yes No
Are vou appearing	on part of your other paid dutie	es for this person or organization?	TYes No
(If you answered "n		plete the rest of this form. If you ar	
question.)			
Speaking Limits:	Public Hearing (Common	Council)5 minutes	
	Information Hearing		
,	Other Items		

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	7//	
Date: _	1/24/10	
	/ /	

	- Water Utility Board	
	COMMITTEE	12.91
Please Print	PLEASE PRINT CLEARLY	Ô
Out-out	Name Larry	Kaumana
Agenda No.	Address 3730 H	amones lay the
Please check the appropriate boxes:		* · · · · · · · · · · · · · · · · · · ·
Support	and Wish to speak	
Oppose	Do not wish to	o speak nswer questions
Neither Support Nor Oppo	ese Available to a	inswer questions
At this meeting are you representing an or, (If you answered "no," STOP; you need no f who you represent and go on to the next	ot complete the rest of this form. If you answe	Yes No red "yes," provide the name
Name, address and telephone number of ea	ach person or organization you are representing	g:
Name, address and telephone number of ea	ach person or organization you are representin	g:
Name, address and telephone number of ea	ach person or organization you are representing	g:
1		g: Yes No
Are you being paid for your representation Are you appearing as part of your other paid (If you answered "no," STOP; you need no	?	Yes No
Are you being paid for your representation Are you appearing as part of your other pair	? Id duties for this person or organization?	Yes No
Are you being paid for your representation Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.) Speaking Limits: Public Hearing (Co	? Id duties for this person or organization? Of complete the rest of this form. If you answe	Yes No
Are you being paid for your representation Are you appearing as part of your other pai (If you answered "no," STOP; you need n question.) Speaking Limits: Public Hearing (Co	? Id duties for this person or organization? of complete the rest of this form. If you answe	Yes No



Date: 7-24-15

Registr	ation Statement	Water Utility	Board		
		COMMITTEE		-	
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	** /	Name L	DOLORSS	1 cate	1
Agenda No. #	: 15		212/10/20	- redic	
Agenda No	- 10	Address	818 1/11	ichester	250
	The second	1	100 30	~WI	
Please check the a	ppropriate boxes:			53704	L
				/	
Support		and			-1-
Oppose	delay			ish to speak	H 40
Neither	Support Nor Oppose		Available	to answer question	ons
At this meeting are	you representing an organ	vization or a paraon o	thos thos wounded for	. □ v.a.	□ No
	'no," STOP; you need not				∐ No •ovide the name
	ent and go on to the next qu		ins joint. 1 you un	istreteu yes, pi	oride the hame
		varuation :			0.0
Name, address and	telephone number of each	person or organizati	on you are represe	nting:	- 1
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	MAN SWOL	VIOL	THE OX	orac ,	ing
- 1107	th an o	ht - 00	et poli	ian o	0.
		*			
Are you being paid	for your representation?			☐ Yes	No.
				_ (^
	as part of your other paid			☐ Yes	No .
(If you answered in question.)	no," STOP; you need not	complete the rest of t	this form. If you ar	iswered "yes," go	on to the next
Speaking Limits:	Public Hearing (Comr	non Council) 5 m	inutes		
Spanning Diminis.	Information Hearing			1	
	Other Items			(*)	* 5
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CITY OF MADISON

Date:	7	124	1/12	
	1	1		-

Registration Statement -	Water Utility Board
Please Print	PLEASE PRINT CLEARLY
Agenda No	Name Thomas Kozlovsky Address 139 Paaline Ave MAD190N
Please check the appropriate boxes:	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "ves." provide the name
1	
Are you being paid for your representation?	☐ Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the nex
Speaking Limits: Public Hearing (Com	non Council)5 minutes

Date: / / \alpha / / \alpha	Date:	7/	24	[12
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Registration Statement	Water Utili	ty Board	
	COMMITTEE		
Please Print	PLEASE I	PRINT CLEARLY	
	Name	Pacia J. Har 528 Troy Dr. Madison 53	per
Agenda No	Address	528 Troy Dr.	
		Madison 53	704
Please check the appropriate boxes:			
Support	`.	and Wish to speak	
Oppose		☑ Do not wish to spe ☐ Available to answe	
Neither Support Nor Oppose		Available to allswo	r questions
Please see comments on At this meeting are you representing an organi	່ຽຊະK. ization or a nerso	on other than vourself	Yes 🛛 No
(If you answered "no," STOP; you need not co	complete the rest	of this form. If you answered	
of who you represent and go on to the next que	estion.)		,
Name, address and telephone number of each	person or organi	zation you are representing:	•
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	The state of the s		
			:
	:		
Are you being paid for your representation?			Yes No
Are you appearing as part of your other paid d (If you answered "no," STOP; you need not d question.)	uties for this per complete the rest	son or organization?	Yes
	· · · · · · · · · · · · · · · · · · ·		
Speaking Limits: Public Hearing (Comm Information Hearing		the state of the s	
Other Items		•	A Company of the Comp

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Date: 7/24/12

Registra	ation Statement	Water Utility	Board			
-		COMMITTEE			4.1	3
Please Print	1	.000.23.300				
			NT CLEARLY	11		
	نــر:	Name	JILLIAN	HUSS	FY	
Agenda No	5	Address	409 BRID	GE ROAD.	#1	02
			MADIS	oas in	537	15
Please check the ap	propriate boxes:	-				
At this meeting are (If you answered "r of who you represent	Smart Metes Support Nor Oppose you representing an organ no," STOP; you need not ont and go on to the next que telephone number of each	ization or a person o complete the rest of i sestion.)	ther than yourself: this form. If you ans	h to speak o answer questi Yes wered "yes," p	No	e name
		ė į				-
1 10 1		ton	1	4 44		
Are you being paid	for your representation?			Yes	No	
	ns part of your other paid d			Yes wered "yes," g	No o on to th	ne nexi
question.)						,
Speaking Limits:	Public Hearing (Comm	non Council)5 m	inutes			2
- I	Information Hearing	the state of the s			14.	4
+	Other Items	3 m	inutes	*	127	
			3			

,		CITY OF M	ADISON		•
Registrat	tion Statement		lity Board		
•		COMMITTEE			• • • • •
Please Print		PLEAS	E PRINT CLEARL	Y, .1.,	
Agenda No/	15	Name Addres	Dorot \$ 5150 Madi	hy KV Whitcon Son. W	roeber Dr. 537
Please check the app	ropriate boxes:				
Support Oppose Neither Su	apport Nor Oppose		\square D $_{\circ}$	sh to speak not wish to speak iilable to answer qu	lestions
(If you answered "no	ou representing an organ o," STOP; you need not a and go on to the next qua	complete the re			
Name, address and te	lephone number of each	person or orga	nization you are r	epresenting:	
		•			-
., :			:		
Are you being paid fo	or your representation?			Yes	□No
• • • •	part of your other paid d ," STOP; you need not d	-	· · · ·	· .	
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items		3 minutes		

Date:

11) WISH TO FREAK

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Date: \	July of	/-	02012

050	CITY OF MADISON
Registra	ation Statement - Water Utility Board
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
10	Name Kinsten Lombard
Agenda No. /	Address 210 N. Paterson St. #2
	Madison, WI 53703
Please check the ap	propriate boxes:
Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither 8	Support Nor Oppose
(If you answered "r	you representing an organization or a person other than yourself: Yes No no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name and go on to the next question.)
Name, address and	telephone number of each person or organization you are representing:
	hould be no further delay on the development of a
solld opt	-out. The opt-out confully proposed is problematic
	than one respect. There shother for better options.
Are you being paid	for your representation? The water whility Yes No board should be work in fwith those citizen
Are you appearing a	as part of your other paid duties for this person or organization? Yes No
(If you answered "r	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
and the second second	Information Hearing3 minutes

Other Items......3 minutes

S oft-Our	Date: 7/24/12_
METER 15, off-our	CITY OF MADISON
Registration Statement -	Water Utility Board
Please Print	PLEASE PRINT CLEARLY
Agenda No. 27144	Name <u>Bristise Mouttig</u> Address <u>1738 Sheridan Dr.</u> Madison, W153704
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next	Should be and Wish to speak Should be and Wish to speak Do not wish to speak Se He policy Available to answer questions Should be in place BEFORE the commendation of a person other than yourself: Yes Do Sprace to complete the rest of this form. If you answered "yes," provide the name

(SEE BACK)

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

☐ Yes

Yes Yes

Are you being paid for your representation?

question.)

Speaking Limits:

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

-Or -OUT

Date: 7/24/12

WETTER 15.	CITY OF MADISON
	Water Utility Board
Please Print	PLEASE PRINT CLEARLY
Agenda No. 27144	Name Carl Muum Address 1733 Shemdan H Madden, WL 5322
Oppose Neither Support Nor Oppose Must be maken before At this meeting are you representing an organize	Also, follow Available to answer questions We complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each pe	erson or organization you are representing:
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 conquestion.)	ies for this person or organization? Yes No mplete the rest of this form. If you answered "yes," go on to the next

Speaking Limits:

Public Hearing (Common Council)5 minutes Information Hearing.......3 minutes Other Items.......3 minutes

8:56

Date: July 24 12

Registra	ation Statement		Board		
		COMMITTEE			
Please Print	1	DI EASE DE	RINT CLEARLY		
		PLEASE PR	\cap		
۸.,	×	Name	Suela	otor	
Agenda No)	Address	25026	reen Rio	Ge Dr
	3+1	· .	25026 MADISE	w w	53704
Please check the ap	propriate boxes:		4	100	
Support Oppose Neither S	delay but sto installation us Support Nor Oppose	To details,	Do not wi	peak sh to speak to answer questi	ons
(If you answered "; of who you represe	you representing an organic," STOP; you need not and go on to the next quatelephone number of each	complete the rest of lestion.)	this form. If you ar	iswered "yes," p	☑ No rovide the name
-	-	- 1			
:) a		4
Are you being paid	for your representation?	*		Yes	□ No
	as part of your other paid on," STOP; you need not			☐ Yes nswered "yes," g	No on to the next
Speaking Limits:	Public Hearing (Comm	non Council)5 r	ninutes		-
A Section of the sect	Information Hearing	A R. S. Della College and the second of the		T (9)	
	Other Items		minutes		

Date: 7/24/2012

committee
Please Print PLEASE PRINT CLEARLY
Name Mary Pilling English
Agenda No. TT 3 Address 1910 Vilas Ave
Optout 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:
I am concerned about the lade of I disclosure
come about the imstallation of the Frant Meters
both general concerns and benefits to the publ
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 Yes No 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: 7/29/52

Registration Statement -	COMMITTEE
	COMMINITEE
Please Print	PLEASE PRINT CLEARLY
	Name Jim Powell
Agenda No	Name Jim Powell Address 1311 late New Ame
	Madison W 5374
Please check the appropriate boxes:	
SupportOpposeNeither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
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," provide the name uestion.)
1	
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization?
Information Hearing.	mon Council)5 minutes

Date: $\frac{7}{2}/2$

Registration Statement - Water Utility Board
COMMITTEE
Please Print PLEASE PRINT CLEARLY PLEASE PRINT CLEARLY
Name Maria Powell Institute
Agenda No. Opt Barrell Address 1311 Lake View Ave
out Madison, WI
Please check the appropriate boxes:
Support - oft oaf Oppose fees for opting out 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 until the opt-out policy is developed
- address same as above This is wrong and will create
major confusion + problems
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: 7/24/12

Registration Statement -	Water Utility Board
Dlagge Dwint	
Please Print	PLEASE PRINT CLEARLY
	Name MAZIA REIS
Agenda No.	Address 610 Pickford St
	Madison, WI 53711
Please 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 orga	nization 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 nam
of who you represent and go on to the next q	uestion.)
Name, address and telephone number of each	person or organization you are representing:
	•
Are you being paid for your representation?	∐ Yes L'XNo
Are you appearing as part of your other paid	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the nex
question.)	complete the rest of this form. If you this wered yes, go on to the nex
Speaking Limits: Public Hearing (Com	mon Council)5 minutes
	3 minutes
Uner Hems	3 minutes

	Hal	110	
Date: _	734	10	

Registra	ation Statement	COMMITTEE	<u>a</u>	
Please Print	Ì	Υ .		
		PLEASE PRINT CLI	EARLY	
Agenda No	15	NameAddress	Ms. Sandra J. Smith 84 Kessel Ct. #28 Madison, WI 53711-6247	
Please check the ap	propriate boxes:	N		
	Staff recommendat Support Nor Oppose	ioω and □	Wish to speak Do not wish to speak Available to answer question	ons
At this meeting are (If you answered "n of who you represent	you representing an organi	omplete the rest of this for estion.)	m. If you answered "yes," pr	No vovide the name
				-40
K 24)¥(
Are you being paid	for your representation?		☐ Yes [⊒⁄No
	as part of your other paid du no," STOP; you need not co		anization?	No on to the next
Speaking Limits:	Information Hearing	on Council)5 minutes3 minutes3 minutes		* .

Date: 7-24-2612

Registration Statement - <u>Water Utility Board</u>	
COMMITTEE	
Please Print PLEASE PRINT CLEARLY	
Agenda No. BIS Name RENE TEMPLE Address 5446 LAKEM MENJOT Madison W 53701	DOR
Please check the appropriate boxes:	
Support waters and Wish to speak Oppose To Army Support Activities and Neither Support Nor Oppose Neither Support Nor Oppose	
At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," prov of who you represent and go on to the next question.)	No ide the nam
Name, address and telephone number of each person or organization you are representing:	5tBn
at marifold	
	•
Are you being paid for your representation?	No
Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go o question.)	No n to the nex
Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing	