

Date: _//- 17 - /2

CITY OF MADISON

Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY
Agenda No GI BUN Fare Name COSEMARY LEE Address III W WILSON # 108 53703
Please check the appropriate boxes:
Support Oppose Neither Support Nor Oppose 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?
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.)
(CEE BACK)

Date:		
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Registration Statement – Transit and Parking Commission

		PLEASE PRINT	
Agenda No	6-1	Name	Susan De Vos 610/N. Miduale!
		1 7.72.	Madison 53705
Please check the appr	opriate boxes:		
Support Oppose Neither Su	pport Nor Oppose	and	Wish to speak Do not wish to speak Available to answer questions
Speaking Limits:	Public Hearing Information Hearing Other Items	3 min	nutes
(If you answered "no,	ou representing an organization, "STOP; you need not complete the low, and go on to the nex	lete the rest of thi.	ner than yourself: Yes No is form. If you answered "yes," provide the name
COMMENTS RELA	ATED TO THE ITEM ON T	THE AGENDA ((optional):
	Marie Company of the		
Name, address and tel	lephone number of each perso	n or organization	n you are representing:
Are you being paid fo	r your representation?		☐ Yes ☐ No
	part of your other paid duties "STOP; you need not complete."		r organization?

Date:

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CITY OF MADISON

Registration Statement – Transit and Parking Commission

	PLEASE PRINT (CLEARLY
	Name De	ennis Andino
Agenda No	Address <u>Q</u>	S S Par (ST
	Ma	dison, all
Please check the appro	opriate boxes:	53715
Support Oppose Neither Su	and apport Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Speaking Limits:	Public Hearing	tes
(If you answered "no,	ou representing an organization or a person other," STOP; you need not complete the rest of this at below, and go on to the next question.)	than yourself: Yes No form. If you answered "yes," provide the name
COMMENTS RELA	ATED TO THE ITEM ON THE AGENDA (0)	ptional):
What I pass pass	the different 40.00 a so 32.00 Both	Senior/ Disabe low Income Should same
Name, address and tel	lephone number of each person or organization y	ou are representing:
Are you being paid for	or vour representation?	☐ Yes ☐ No
Are you appearing as p	part of your other paid duties for this person or on the state of the state of this person or of the state of	organization? Yes No

Date: _/// 7// 7

CITY OF MADISON

Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY
Agenda No	Name $\frac{7my}{837} \frac{7ard5n}{837} \frac{837}{837} \frac{137}{8$
Please check the appro	opriate boxes:
Support Oppose Neither Su	and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits:	Public Hearing
(If you answered "no,	u 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):
Name, address and tel	ephone number of each person or organization you are representing:
Are you being paid fo	r your representation?
Are you appearing as (If you answered "no, question.)	part 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

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Date: _	,	1	1 0	

Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY
Agenda No	Name RUSSELL NOVEL WAR Address HS 17 She boy an Ave +52 Mad 150N, WI52705-2911
Please check the appro	opriate boxes:
Support Oppose Neither Su	and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits:	Public Hearing
(If you answered "no,	u 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):
Name, address and tele	ephone number of each person or organization you are representing:
Are you being paid for	r your representation?
	part 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

Date: 11-7-/7

CITY OF MADISON

Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY
Agenda No	Name Gary Muskat Address 6911 Franklin Ave Middleton
Please check the appro	opriate boxes:
Support Oppose Neither Su	and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits:	Public Hearing
(If you answered "no,	u 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 to below, and go on to the next question.)
COMMENTS RELA	TED TO THE ITEM ON THE AGENDA (optional):
Name, address and tele	ephone number of each person or organization you are representing:
Are you being paid for	your representation?
	part 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

Date: 7 1/01/ 2012

CITY OF MADISON

Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY	
Agenda No.	Address 2010 E /	Nain St- N 53704
		VI 37FG
Please check the appropriate box	es:	
Support Oppose Neither Support No	⊠ Do n □ Avai	n to speak not wish to speak lable to answer questions
Informati	earing	
At this meeting are you represent (If you answered "no," STOP; yof whom you represent below, and	ting an organization or a person other than you ou need not complete the rest of this form. If y	rself: Yes D No ou answered "yes," provide the name
Name, address and telephone num	mber of each person or organization you are re	presenting:
		•
Are you being paid for your repr	esentation?	☐ Yes ☐ No
Are you appearing as part of you (If you answered "no," STOP; y question.)	r other paid duties for this person or organization on need not complete the rest of this form. If y	on? Yes No vou answered "yes," go on to the next

Date:	11-8-12	_/

Registration Statement – Transit and Parking Commission

	PLEASE P	RINT CLEARLY	Schutz
(Name _	Ron	Schutz
Agenda No.	Address _	133	DIVISION
:	_		53704
Please check the appropriate boxes:			
Support Oppose object Neither Support Nor Oppose	а	Do not	o speak wish to speak ole to answer questions
Speaking Limits: Public Hearing Information Hearing Other Items	3	3 minutes	
At this meeting are you representing an organization (If you answered "no," STOP; you need not composed whom you represent below, and go on to the new contractions of the property of the pro	olete the rest (xt question.)	of this form. If you	elf: Yes No answered "yes," provide the name
COMMENTS RELATED TO THE ITEM ON	THE AGEN	DA (optional):	2001/2011/2010
The proposed 31 day sen all other increases of clobyect to the inven position of funding way to get to wor on my ability to w	Labor	and)	2000 000 50 WE
all other to the meven	(un Fou	in skew th	at puts me is the
Das it is a funding	other	ino Hease	5. this isput only
Litary to get to brief	-K. 1	f is put	ing a stress
: on my ability to W	ork.		O
Name, address and telephone number of each pers	on or organiz	ation you are repre	esenting:
self			*
Are you being paid for your representation?			☐ Yes ☐ No
Are you appearing as part of your other paid dutie	s for this ners	on or organization	= = =/
(If you answered "no," STOP; you need not comp question.)	plete the rest	of this form. If you	answered "yes," go on to the next

		V
Date:		
Date	 	

Registration Statement – Transit and Parking Commission

		SE PRINT CLEARLY
Agenda No.	Name Addr	e Relecca Wahl ess 755 Braxton Apt HAZO
Please check the approp	priate boxes:	
Support Oppose Neither Sup	port Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
,	Public Hearing Information Hearing Other Items	3 minutes
At this meeting are you (If you answered "no,"	representing an organization or a p	person other than yourself: Yes No rest of this form. If you answered "yes," provide the name
COMMENTS RELATIONS INCRES	TED TO THE ITEM ON THE AC	GENDA (optional): Lea Twenx Five Erays Ten Gard then
Name, address and tele	phone number of each person or or	ganization you are representing:
Are you being paid for Are you appearing as pa (If you answered "no," question.)	art of your other paid duties for this	Yes No Yes No Yes I No rest of this form. If you answered "yes," go on to the next

Date: _	11-7-2012	
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Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY		
Agenda No.	Name Norm Littlejohn Address 1230 Williamson St. #2		
-6, . /-	53703		
Please check the appr	opriate boxes:		
Support Oppose Neither Su	and Wish to speak Do not wish to speak 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 DEL	ATED TO THE ITEM ON THE AGENDA (optional):		
Many	low-income people have little choice but to take		
111			
the bus.	The recession is not over, and these tare would be a heavey burden on low-income		
increases	would be a heavey burden on low-income		
viders.			
Name, address and tel	ephone number of each person or organization you are representing:		
Are you being paid fo	r your representation?		
Are you appearing as (If you answered "no, question.)	part 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		

Date: _________

CITY OF MADISON

Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY
Agenda No Sand Frazer Address Sand Frazer Address Sand Raymond Rd Apt, #2
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
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.) Riders (N) Sagree (R) DE (R) DE (R)
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional): Proposed rates are excessive when compared withouse of cities of similar size to Madison - especially in the case of rates for senjoys & three disabled.
There are other options besides raising rates & stashing service. Students pay 1.15 per ride, & their monthly rates are the Jovestinthe city. An increase to 1.40, for example, would, raise
Name, address and telephone number of each person or organization you are representing:
R.I.D.E.R-Riders In Misagreement w/ Excessive Rates 608-770-9266
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: 11/12/12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

	PLEASE	PRINT CLEARLY	2. ;	
Agenda No.	Name Address	Harry IX 1851erm Madrso.	CKAN C an Tev. n, WI	150 M 100. 4 5374
Please check the appro	priate boxes:			
Support Oppose Neither Sup	pport Nor Oppose	and Wish to spe Do not wish Available to		ions
Speaking Limits:	Public Hearing Information Hearing Other Items	3 minutes 3 minutes		
(If you answered "no,	u representing an organization or a person or <i>STOP</i> ; you need not complete the rest below, and go on to the next question.	st of this form. If you ans	Yes Yes," p	☐ No provide the name
COMMENTS RELA	TED TO THE ITEM ON THE AGE	ENDA (optional):		11000
Please de le conomic pess mon	124 ihrease the Time, Find Mo 184 to Overtur For borrowing	pustare in ney perha resor trop y trom the	these ps fro, n the	ditticaly m giving banks
Name, address and tele	ephone number of each person or organ	nization you are represent	ing:	
Are you being paid for	r your representation?		Yes	1 No
Are you annearing as t	part of your other paid duties for this pon a strop; you need not complete the re	erson or organization? est of this form. If you ans	☐ Yes swered "yes,"	D-No go on to the next

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Date:	1 . /	.1/	
Date	1		

Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY
Agenda No	Name DShanna Hargrove Address 132 East Wilson St #-3/3 Madison WI 53703
Please check the appro	opriate boxes:
Support Oppose Neither Su	and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits:	Public Hearing
(If you answered "no, of whom you represen	u representing an organization or a person other than yourself: "STOP; you need not complete the rest of this form. If you answered "yes," provide the name to below, and go on to the next question.) TED TO THE ITEM ON THE AGENDA (optional):
Name, address and tele	ephone number of each person or organization you are representing:
Are you being paid for	r your representation?
	part 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

Date: 41/7/2

CITY OF MADISON

Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY	
Agenda No. Proposed fave Name Linda Ketcharn Address 813 Flora La Madison WI	
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	
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 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: Madison-area Urban Ministry 23.06 S Parkst #2 Madison WI 5371	3
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 question.)	the next

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Date:			V
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Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY
Agenda No NameAddress
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
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:
2530 Carghee St.
City of Fitchway
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.)

Date:	

Registration Statement – Transit and Parking Commission

	PLEASE	PRINT CLEARLY	
	Name	Susatu	ahl
Agenda No.	Address	1902 LONG	Ponderry Drive
÷		Madison	WI
Please check the appropri	ate boxes:		
Support Oppose Neither Suppo	ort Nor Oppose	and Wish to spea. Do not wish to Available to	
In	ıblic Hearingformation Hearingther Items	3 minutes	
(If you answered "no," S	epresenting an organization or a per TOP ; you need not complete the relation, and go on to the next question	st of this form. If you answ	Yes No No ered "yes," provide the name
COMMENTS RELATE	ED TO THE ITEM ON THE AGE	ENDA (optional):	
History on a Maying trans you can't Juse Pariti	Fixed incomp sportation take afford it, you rausit because	is hard en in away from it's to expe	tough without I holong msile
Name, address and telepho	one number of each person or organ	nization you are representir	ng:
Are you being paid for you	ur representation?		Yes No
Are you appearing as part	of your other paid duties for this per tops of your need not complete the res	erson or organization? st of this form. If you answ	Yes No No ered "yes," go on to the next

Date: 11/7/12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

8.8		PLEASE	E PRINT CLEARLY
Agenda No.	1	Name Address	Damon Terrell 630 W. Olin ave
Please check the appro	opriate boxes:		
Support Oppose Neither Su	pport 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
(If you answered "no,	ou representing an organization of the comp of the com	lete the res	rson other than yourself: Yes No est of this form. If you answered "yes," provide the name of the state of th
COMMENTS RELA	ATED TO THE ITEM ON	THE AGE	ENDA (optional):
Name, address and tele	ephone number of each perso	on or organ	nization you are representing:
	part of your other paid duties		Yes No erson or organization? Yes No st of this form. If you answered "yes," go on to the next

	Date:
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Registration Statement – Transit and Parking Commission

		PLEASE PRIN		
6.1		Name	945 JENIF 53703	IOLFF
Agenda No.		Address	945 JENIF	FER ST
			53703	,
Please check the appr	opriate boxes:			
Support		and	Wish to speak	
Oppose Neither Su	pport Nor Oppose		☐ Do not wish to ☐ Available to ar	speak nswer questions
Speaking Limits:	Public Hearing Information Hearing Other Items	3 mi	nutes	
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 RELA	ATED TO THE ITEM ON T	HE AGENDA	(optional):	

				Vice and the second
Name, address and tel	lephone number of each persor	n or organizatio	n you are representing	;
	1 - 1			
Are you being paid for	r your representation?			☐ Yes ☑ No
-	part of your other paid duties f "STOP; you need not comple	and the second of the second s		Yes No Yed "yes," go on to the next

Datas	
Date:	

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
	Name ROYCE WILLIAMS
Agenda No.	Address 2437 Fox Auc
: BUS FARE INCREASE	Madron 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
Speaking Limits: Public Hearing	3 minutes
At this meeting are you representing an organization	n or a person other than yourself: Yes No ete the rest of this form. If you answered "yes," provide the name question.)
COMMENTS RELATED TO THE TIENT ON I	HE AGENDA (optional).
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:	
Name, address and telephone number of each person	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 to (If you answered "no," STOP; you need not complet question.)	for this person or organization? Yes No ete the rest of this form. If you answered "yes," go on to the next

(SEE BACK)

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Date:	11-1	1/
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Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
Agenda No.	Name SulPastor Address 2502 guen Ridge 127 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):
Name, address and telephone number of each person	n or organization you are representing:
Are you being paid for your representation? Are you appearing as part of your other paid duties in (If you answered "no," STOP; you need not complet question.)	Yes No for this person or organization? Yes No ete the rest of this form. If you answered "yes," go on to the next

(SEE BACK)

Date: 11/7/12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

		PLEASE PRINT	CLEARLY		
Agenda No	7	Name	tim 161 ia	wong	
			msn	53704	^
Please check the appro	ppriate boxes:				
Support Oppose Neither Sup	pport Nor Oppose	and	Wish to spea Do not wish Available to		*
Speaking Limits:	Public Hearing	3 min	utes		
(If you answered "no,	n representing an organization of the complete of the complete below, and go on to the next	lete the rest of this		☐ Yes ☐ No ered "yes," provide t	he name
COMMENTS RELA	TED TO THE ITEM ON T	HE AGENDA (optional):		
(D city should	Implement a f	ee on en	tering the	central ci	ty.
	((() () ()	e a whe	el top w	The revenu	e
dedica	ited to Madison	n Metro	(country	Joesn't cur	(1
(a) a la la	rute to Madison	1 11 0		2 - 1	0
(OulCreek	should be giv	en to M	tarland	ar abando	ned.
Name, address and tele	phone number of each perso	n or organization	you are representir	ng:	
Are you being paid for	your representation?			Yes No	
	art of your other paid duties 'STOP; you need not compl			Yes No ered "yes," go on to	the next

Date: 11207-12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY		
Agenda No//, @	Name Melanie FORCROFT Address 2138 LAKELMED AVE MADÍSON WI 53704		
Please check the appro	opriate boxes:		
Support Oppose Neither Su	and Wish to speak Do not wish to speak 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.)			
	TED TO THE ITEM ON THE AGENDA (optional):		
: Please do : lasge emp : increased	not incresse fares again; except med to be Noyet / Enothfution group rates need to be for sure to generate the necessing funds.		
<u> </u>			
Name, address and tel	ephone number of each person or organization you are representing:		
Are you being paid for Are you appearing as (If you answered "no, question.)	r your representation?		

Date: 11/7/2012

CITY OF MADISON

Registration Statement – Transit and Parking Commission

		PLEASE PRINT CL	_EARLY	
Agenda NoG	1 28189	Name Chris	Stian R Hansen Longdon Street	
Agenda No 🤾 -		Address 636	Logsdan Street	
Please check the appro	opriate boxes:			
Support Oppose Neither Su	pport Nor Oppose	and	Wish to speak Do not wish to speak Available to answer ques	stions
Speaking Limits:	Public Hearing	3 minutes	S	
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 RELA	TED TO THE ITEM ON T	HE AGENDA (opti	ional):	
Name, address and tele	ephone number of each persor	n or organization you	u are representing:	
	- ,			
Are you being paid for	your representation?		Yes	No
	part of your other paid duties for strop; you need not complet			☐ No go on to the next

Date: 1/7/12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY
Agenda No. GI OPPOSE INCrease constant	Name Jule Spears Address 307 S. Few St. Madism, WI 53703
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
Information Hearing.	5 minutes3 minutes3 minutes
At this meeting are you representing an organ (If you answered "no," STOP; you need not of whom you represent below, and go on to the	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name the next question.)
COMMENTS RELATED TO THE ITEM	ON THE AGENDA (optional):
* !	
<u>.</u>	
:	
Name, address and telephone number of each	n person or organization you are representing:
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 next

Date: 11/7/12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY					
C_{0}		Name C Terroll			
Agenda No.		Address 📙	125 Jenit	er St	
			Madison,		
Please check the appropriate boxes:					
Support		and	Wish to spe		
Oppose	nout Nov Onnogo		☐ Do not wish ☐ Available to	i to speak answer questions	
Neither Support Nor Oppose Speaking Limits: Public Hearing					
I	Information 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):					
			7.780400.0		
Name, address and telep	hone number of each person	or organizatio	n you are represent	ng:	_ 2
Are you being paid for ye	our representation?			☐ Yes ☐	No
Are you appearing as par (If you answered "no," Squestion.)	rt of your other paid duties for STOP; you need not complete	or this person of the the rest of the	or organization? Sis form. If you answ	Yes vered "yes," go or	No to the next