

4:41

Date: 29 Jan 13

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u>1</u>

PLEASE PRINT CLEARLY

Name Jurgen Putan

Address 114 Alden Dr.

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:

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)

5:07:18

Date: 1/29/13

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. <u>3</u>

PLEASE PRINT CLEARLY

Name Jan Eckhardt

Address 20 Eglar Cr
Madison WI
83

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:

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)

5:12:56

Date: _____

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

Agenda No. <u>3/28538</u>

PLEASE PRINT CLEARLY

Name KIM SANTIAGO/JOSÉ MADRERA

Address 6901 OLD SAUK CT
MADISON, WI 53717

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:

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)

Date: _____

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. <u>3</u>

PLEASE PRINT CLEARLY

Name Terry Hofferback

Address 5709 Lake Mendota Dr.
Madison 53705

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:

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)

Date: 1/29/13

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. 3

PLEASE PRINT CLEARLY

Name Chris Makey
Address 1830 Thorstrand Rd
Madison, WI 53705

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:

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)

S: 56:00

Date: 1/29/13

CITY OF MADISON

Registration Statement - Water Utility Board
COMMITTEE

Please Print

Agenda No. 10

PLEASE PRINT CLEARLY

Name Jan Eddelvert
Address 20 Egan Cr
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

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)