5.56.00

Date: 1 1 2 11 2	Date:		29	117	
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CITY OF MADISON

Registration Statement - Water Utility Board	
Please Print PLEASE PRINT CLEARLY	
Agenda No. 10 Name Joh Ecklowdt Address 25 Eugen (N. M.	
Please check the appropriate boxes:	
Support and Wish to speak Oppose Do not wish to speak Available to answer question	ns
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," proof who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing:	No ovide the name
	· ·
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 question.)	No on to the next
Speaking Limits: Public Hearing (Common Council)5 minutes Information Hearing	