

5:07:18

Date: 1/29/13

CITY OF MADISON

Registration Statement - Water Utility Board  
COMMITTEE

Please Print

Agenda No. 3

PLEASE PRINT CLEARLY

Name

Jan Eckhardt

Address

20 Eegle 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>
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PLEASE PRINT CLEARLY

Name KIM SANTIAGO/JOSÉ MADERA

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  
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(SEE BACK)

Date: \_\_\_\_\_

CITY OF MADISON

Registration Statement - Water Utility Board

COMMITTEE

Please Print

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

PLEASE PRINT CLEARLY

Name Terry Hoffenbach

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  
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(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

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\_\_\_\_\_

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