Date:  $\frac{3/35/(3)}{2}$ 

## CITY OF MADISON

Registration Statement			lity B	oard				
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Agenda No/		Address						
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Support Oppose		·.	and	X		sh to speak	· ·	
Neither Support Nor Oppo	se			Ц	Available	to answer que	estions	
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Speaking Limits: Public Hearing (Con Information Hearing Other Items	z		3 minu	ites				

Date: 3 - 25 - 13

## CITY OF MADISON

Registration Statement	Water Utility Board
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. WELL T	Name DOLORES RESTER  Address  Madian W 53704
Please check the appropriate boxes:	
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Are you being paid for your representation?	☐ Yes ✓ No
Are you appearing as part of your other paid du (If you answered "no," STOP; you need not of question.)	uties for this person or organization? Yes No omplete the rest of this form. If you answered "yes," go on to the next
Information Hearing	on Council)5 minutes 