Date:	10/9/13_	
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Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEAR	LY
Agenda No. Honor Susan	J DE 105 MIDUALE 53705
Please check the appropriate boxes:	
	ish to speak o not wish to speak vailable to answer questions
Speaking Limits: Public Hearing	
At this meeting are you representing an organization or a person other than y (If you answered "no," STOP; you need not complete the rest of this form. of whom you represent below, and go on to the next question.)	ourself: Yes No If you answered "yes," provide the name
COMMENTS RELATED TO THE ITEM ON THE AGENDA (optiona	l):
<u> </u>	
<u> </u>	
<u> </u>	
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 organiz (If you answered "no," STOP; you need not complete the rest of this form. question.)	tation? Yes No If you answered "yes," go on to the next

Registration Statement – Transit and Parking Commission

Agenda No. H Address Name Kari Ehrhardt Address Sheboyen Ae The state of the spropriate boxes:
20565 ten ecipar
Please check the appropriate boxes:
Please check the appropriate boxes:
r lease check the appropriate boxes.
Support and Wish to speak Do not wish to speak
Oppose Neither Support Nor Oppose Available to answer questions
Speaking Limits: Public Hearing5 minutes
Information Hearing3 minutes
Other Items3 minutes
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):
<u> </u>
Name, address and telephone number of each person or organization you are representing:
: and totophone number of each person of organization for the representance.
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: 10/09/13

CITY OF MADISON

Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY
Agenda No Name Yvonne Schwinge Address Sheboygan Ave Madison, WI 53705
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
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:
<u>:</u>
·
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: _	_	/_
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Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

			PLEASE	PRINT	CLEARLY	·
:			Name		of Mu	-LIAMS
Agend	ła No		Aḍdress		LAC	Kon Fox Rue
				$\overline{\mathcal{M}}$	14015on	53711
Please	check the appr	opriate boxes:				
	Support Oppose Neither Su	pport Nor Oppo	se	and	☐ Wish to speak ☐ Do not wish to ☐ Available to an	
Speak	ing Limits:	Public Hearing Information Hearing Other Items	g	.3 min	utes	
(If you	ı answered "no	ou representing an org "STOP; you need no at below, and go on to	ot complete the res	t of this	er than yourself: s form. If you answei	☐ Yes ☐ No red "yes," provide the name
COM		ATED TO THE ITE	<u> </u>	NDA (optional):	
H	PO BC	10 HEARI	W9 0 F 1	1 ~	Daging	S HOUN.
<u> </u>	· Dan	MIN ATI	113 - O - 20 3 1 1		ICAL BO	4RDC
:	1 1002		LCG KO CO		7 1970	
	· <u>-</u>					
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Name,	address and tel	lephone number of ea	ch person or organ	ization	you are representing	; :
· /	101ce					
			_			
		•	-			
Are vo	u being paid fo	r your representation?)			Yes No
		part of your other paid	•	rson or	organization?	Yes No
(If you questio	answered "no,	" STOP; you need no	ot complete the res	t of thi	s form. If you answe	red "yes," go on to the next

Date:	
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Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
:	Name Kari Schrage
Agenda No	Address Rustic Ridge Ct
: _	Madison W/
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 compos of whom you represent below, and go on to the new	lete the rest of this form. If you answered "yes," provide the name
COMMENTS RELATED TO THE ITEM ON	THE AGENDA (optional):
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Name, address and telephone number of each pers	on or organization you are representing:
:	
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not comparestion.)	s for this person or organization? Yes No No lete the rest of this form. If you answered "yes," go on to the next

Date: 10	19/13
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Registration Statement – Transit and Parking Commission

PLEASE PRINT CLEARLY				
	Name James Robison			
Agenda No. 31785	Address W Wilson St			
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 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 TH	HE AGENDA (optional):			
Are there any plans to	add any extra buses to route			
: 75? The 5:00 and -	7:36 buses are particularly crowded.			
<u> </u>				
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				

Date: 69/13

CITY OF MADISON

Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY
:	Name AMONG FILE
Agenda No	Address MCSGC+
	M9diSon, W1 53719
Please check the approp	priate boxes:
Support	and Wish to speak
Oppose	Do not wish to speak
	port Nor Oppose Available to answer questions
	•
	Public Hearing5 minutes Information Hearing3 minutes
	Other Items
At this meeting are you	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
	below, and go on to the next question.)
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COMMENTS RELAT	TED TO THE ITEM ON THE AGENDA (optional):
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: :	
<u>:</u>	
Name, address and tele	phone number of each person or organization you are representing:
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Are you being noid for	your representation?
Are you being paid for	, our representation
Are you appearing as partial (If you answered "no," question.)	art of your other paid duties for this person or organization? Yes YNo STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

Date:	10/9/2013	
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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 JAN KOLARIK Address HILLCREST DR. \$1705 MADISON, WI
Please check the appropriate boxes:	
SupportOppose✓ Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
Speaking Limits: Public Hearing	3 minutes
of whom you represent below, and go on to the nex	lete the rest of this form. If you answered "yes," provide the name at question.)
COMMENTS RELATED TO THE ITEM ON T	THE AGENDA (optional):
	· · · · · · · · · · · · · · · · · · ·
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<u> </u>	
Name, address and telephone number of each personal	on or organization you are representing:
	· · · · · · · · · · · · · · · · · · ·
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not complete question.)	for this person or organization? Yes No lete the rest of this form. If you answered "yes," go on to the next
i	(SEE BACK)

07/12/06-F\TNCOMMON\COMMITTE\TR&PKG\Registration Form 6.30 06 per APM doc

Date: 10-9-2013

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
:	Name Robbie Webber
Agenda No	Name Robbie Webber Address Stevens St.
<u> </u>	
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	ization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name e next question.)
COMMENTS RELATED TO THE ITEM	ON THE AGENDA (optional):
<u>. : </u>	
:	
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 d (If you answered "no," STOP; you need not a question.)	uties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next

Date: 10/9/2013

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
	Name Lori Whitney
Agenda No	Address MelodyLane
: :	Madison WI53704
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 organiz (If you answered "no," STOP; you need not co of whom you represent below, and go on to the	implete the rest of this form. If you answered "yes," provide the name
COMMENTS RELATED TO THE ITEM O	N THE AGENDA (optional):
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<u>.: </u>	
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Name, address and telephone number of each positions.	erson or organization you are representing:
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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 co question.)	ties for this person or organization? Yes No mplete the rest of this form. If you answered "yes," go on to the next

Date:		_ /
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Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY			
	Name Susan Kagstrom			
Agenda No.	Name Susan Hagstrom Address Shovewood Blud			
	Madison WT 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			
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 T	THE AGENDA (optional):			
Sen a Hack	, a d, 1			
<u> </u>				
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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 (If you answered "no," STOP; you need not complete question.)	for this person or organization? Yes No lete the rest of this form. If you answered "yes," go on to the next			

Date:

Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY
Agenda No	Name Rochelle Rule Address Mesact Madison
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 (If you answered "no," STOP; you need not complet 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):
I would like to speak in my neighbor hood, esp	about the 51+57 route pecialy on weekends.
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 f (If you answered "no," STOP; you need not complet question.)	for this person or organization? Yes Who rete the rest of this form. If you answered "yes," go on to the next

Date: October 9-013

CITY OF MADISON

Registration Statement – Transit and Parking Commission

	PLEASE PRINT CLEARLY
Agenda No	Name Repecca Navi
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
(If you answered "no,	ou 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 at below, and go on to the next question.)
COMMENTS RELA	STOP at Stwert Stree
<u> </u>	
Name, address and tel	ephone number of each person or organization you are representing:
	r your representation? Yes No 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: _		<u>('')</u>	

Registration Statement – Transit and Parking Commission

	P	LEASE PRINT	CLEARLY		
Agenda No.		lame Linc	p Bronz	0-1	
11g0/1du 110/	A	Address	+ ~ (x 1) x	NON!	53527
Please check the appropri	iate boxes:		ma oud		00021
Support Oppose Neither Supp	ort Nor Oppose	and	✓ Wish to spea☐ Do not wish☐ Available to	to speak	tions
In	ublic Hearing formation Hearingther Items	3 minu	tes		
(If you answered "no," S	epresenting an organization of TOP; you need not complete wlow, and go on to the next qu	the rest of this		X Yes ered "yes,"	☐ No provide the name
COMMENTS RELATE	ED TO THE ITEM ON THE	E AGENDA (o	ptional):		
Opposition to	the charge in be	tren a	r H40 b	us sty	7
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		-			
				··	
Name, address and teleph	one number of each person or	r organization y	ou are representir	ng:	
_ Opertunt	ies, Inc.				
930 Steers	at St				
- Modison, 1	W 53703				
Are you being paid for yo	ur representation?			☐ Yes	□ ₩₀
	of your other paid duties for TOP; you need not complete			☐ Yes ered "yes,"	☑¥6 go on to the next

Date:	10	- C)	4	13
Date:	ν	· /	•	כו

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY
:	Name Ann Schonisch
Agenda No.	Address University Duc
:	Middleton, WI 53562
Please check the appropriate boxes:	·
Support Oppose Neither Support Nor Oppo	and Wish to speak Do not wish to speak Available to answer questions
Information Hearin	5 minutes g3 minutes 3 minutes
At this meeting are you representing an orgalized (If you answered "no," STOP; you need no of whom you represent below, and go on to	ganization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name of the next question.)
COMMENTS RELATED TO THE ITE	M ON THE AGENDA (optional):
	mepoint at University & Norman Way 5 minutes to facilitate transfers ina dourntown.
Trong Route Co. 90	ing man new ne
<u> </u>	
Name, address and telephone number of ea	ch person or organization you are representing:
Are you being paid for your representation	? Yes No
Are you appearing as part of your other pai	<u> </u>

Date:	10/9/	12013	

Registration Statement – Transit and Parking Commission



V	

	PLEASE PRINT CLEARLY
Agenda No.	Name ANANO BHARATH Address SHEBOYGAN AVENUE, 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
Information Hear	5 minutes ring
- · · · · · · · · · · · · · · · · · · ·	organization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name to the next question.)
COMMENTS RELATED TO THE IT	EM ON THE AGENDA (optional):
Name, address and telephone number of	each person or organization you are representing:
Are you being paid for your representation	on? Yes \(\sigma\)No
	aid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next

Registration Statement – Transit and Parking Commission



You must register before the Commission considers your item.

	PLEASE PRINT CLEARLY			
	Name Erin Jonaitis			
Agenda No.	Name Erin Jonaitis Address Rogers St.			
Please check the appropriate boxes:	· · · · · · · · · · · · · · · · · · ·			
SupportOppose✓ 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 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 T	HE AGENDA (optional):			
Love Madison Metrol	· · · · · · · · · · · · · · · · · · ·			
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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 (If you answered "no," STOP; you need not comple question.)	or this person or organization? Yes No te the rest of this form. If you answered "yes," go on to the next			