Date: 11/16/2015

## CITY OF MADISON

Registration Statement - \_\_ Please Print PLEASE PRINT CLEARLY Agenda No. Address Please check the appropriate boxes: Wish to speak and Support Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** 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: No No Yes Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Public Hearing (Common Council).....5 minutes Speaking Limits:

Date: 16 Nov 2015

## CITY OF MADISON

Registration Statement -	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No	Name Jon BECKER  Address Rob 3292  53704
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose At this meeting are you representing an organ	and Wish to speak  Do not wish to speak  Available to answer questions  enization or a person other than yourself: Yes No
(If you answered "no," STOP; you need no of who you represent and go on to the next of	t complete the rest of this form. If you answered "yes," provide the name question.)
Name, address and telephone number of each	th person or organization you are representing:
C.R.A.N.E.S.	
Pos 3413	
MADISON, WI 5370	4
Are you being paid for your representation?	<b></b>
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	duties for this person or organization? Yes No to the test of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council)5 minutes