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## **CITY OF MADISON**

## Registration Statement – Pedestrian/Bicycle/Motor Vehicle Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY						
Agenda No		Name Per Address	Gre Jigan	gary 5	5+.	
Please check the appro	opriate boxes:		,			
Support Oppose Neither Sup	pport Nor Oppose	and	Wish to spe.  Do not wish  Available to		ns	
Speaking Limits:	Public HearingInformation HearingOther Items	3 mir	nutes			
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 RELA	TED TO THE ITEM ON TH	IE AGENDA (	(optional):		<del></del>	
		·				
				·		
Name, address and tele	phone number of each person	or organization	you are representi	ng:		
Are you being paid for	•			Yes Y	No	
Are you appearing as pa (If you answered "no," question.)	art of your other paid duties fo STOP; you need not complete	r this person or e the rest of thi	organization? s form. If you answ	Yes Uvered "yes," go o	No on to the next	