

Public Comments

Date: 12-9-15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Public Comment
Agenda No. _____

PLEASE PRINT CLEARLY

Name Rob Lewis
Address 714 BRIAR HILL RD
MADISON, WI 53711

Please check the appropriate boxes: CYCLOCROSS

- ☐ 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)

REGISTRATION STATEMENT - PAGE 2

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 12
41052 #1

PLEASE PRINT CLEARLY

Name Benjamin Baum
Address 306 W Main St.
Apt 618
Madison, WI 53703

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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(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:

Mohock, LLC
306 W Main St. Apt 618
Madison, WI 53703

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

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Date 12/9/15

Signature



Print Name

Benjamin Baum

Date: 12/9/2015

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 40772

Name John Terasa
Address 222 Langdon St. Apt 12
Madison WI

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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CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Name

Marsha Cannon

Address

420 Sidney St.

Agenda No. #9 40772

88

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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☒ No

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CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 9

PLEASE PRINT CLEARLY

Name

TR Loon

Address

1134 SPaight

MSN

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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☐ Yes

☐ No

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☐ Yes

☐ No

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Print Name _____

Noise Sources and Their Effects

Noise Source	Decibel Level	comment
Jet take-off (at 25 meters)	150	Eardrum rupture
Aircraft carrier deck	140	
Military jet aircraft take-off from aircraft carrier with afterburner at 50 ft (130 dB).	130	
Thunderclap, chain saw. Oxygen torch (121 dB).	120	Painful. 32 times as loud as 70 dB.
Steel mill, auto horn at 1 meter. Turbo-fan aircraft at takeoff power at 200 ft (118 dB). Riveting machine (110 dB); live rock music (108 - 114 dB).	110	Average human pain threshold. 16 times as loud as 70 dB.
Jet take-off (at 305 meters), use of outboard motor, power lawn mower, motorcycle, farm tractor, jackhammer, garbage truck. Boeing 707 or DC-8 aircraft at one nautical mile (6080 ft) before landing (106 dB); jet flyover at 1000 feet (103 dB); Bell J-2A helicopter at 100 ft (100 dB).	100	8 times as loud as 70 dB. Serious damage possible in 8 hr exposure
Boeing 737 or DC-9 aircraft at one nautical mile (6080 ft) before landing (97 dB); power mower (96 dB); motorcycle at 25 ft (90 dB). Newspaper press (97 dB).	90	4 times as loud as 70 dB. Likely damage 8 hr exp
Garbage disposal, dishwasher, average factory, freight train (at 15 meters). Car wash at 20 ft (89 dB); propeller plane flyover at 1000 ft (88 dB); diesel truck 40 mph at 50 ft (84 dB); diesel train at 45 mph at 100 ft (83 dB). Food blender (88 dB); milling machine (85 dB); garbage disposal (80 dB).	80	2 times as loud as 70 dB. Possible damage in 8 h exposure.
Passenger car at 65 mph at 25 ft (77 dB); freeway at 50 ft from pavement edge 10 a.m. (76 dB). Living room music (76 dB); radio or TV-audio, vacuum cleaner (70 dB).	70	Arbitrary base of comparison. Upper 70s are annoyingly loud to

			some people.
Conversation in restaurant, office, background music, Air conditioning unit at 100 ft	60		Half as loud as 70 dB. Fairly quiet
Quiet suburb, conversation at home. Large electrical transformers at 100 ft	50		One-fourth as loud as 70 dB.
Library, bird calls (44 dB); lowest limit of urban ambient sound	40		One-eighth as loud as 70 dB.
Quiet rural area	30		One-sixteenth as loud as 70 dB. Very Quiet
Whisper, rustling leaves	20		
Breathing	10		Barely audible

[modified from <http://www.wenet.net/~hpb/dblevels.html>] on 2/2000. SOURCES: Temple University Department of Civil/Environmental Engineering (www.temple.edu/departments/CETP/environ10.html), and Federal Agency Review of Selected Airport Noise Analysis Issues, Federal Interagency Committee on Noise (August 1992). Source of the information is attributed to *Outdoor Noise and the Metropolitan Environment*, M.C. Branch et al., Department of City Planning, City of Los Angeles, 1970.

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772
21

PLEASE PRINT CLEARLY

Name Donna Page
Address 403 W. Lakeside St
Madison

Please check the appropriate boxes:

☒ **Support** conditional
☒ **Oppose**
☐ **Neither Support Nor Oppose**

and ☒ Wish to speak
☐ Do not wish to speak
☐ Available to answer questions

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Speaking Limits: Public Hearing (Common Council).....5 minutes
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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

NOISE SOURCES Bay Creek

Alliant Center / Willow Island

May: Brat Fest 4 days + evenings
Amped music, fireworks. Willow Island

June: Susan G. Komen Race, 1 day
Amplified voice, noisemakers
Starts at Alliant Center, thru Bay
Creek, no AM egress for neighbors

July: Bhakti Fest, 3 days + evenings
Amplified music, Willow Island

July: Dane County Fair, 4-5 days + eves.
Amplified music, Willow Island

July: WJJO Band Camp, day + evening
Amplified music, Willow Island
(not held in 2014)

August: Blacklight Run
Amplified voice, Alliant Center

Aug.-Sept. Color Me Rad
Amplified voice, bass, music
Alliant Center/Willow Island

September: Make-A-Wish Run
Amplified voice, Willow Island

OTHER SOURCES

July: Pre-Rhythm & Booms
VFW Club, loud music

August: Dane Dances
Amplified music, bass guitar
Monona Terrace

September: Ironman Triathlon
Amplified voice
Carries across Lake Monona

September: Labor Fest, loud music
Park St. @ Wingra

Olin Turville Park

May: Madison Marathon
Amplified voice

May: Glow Time, evening
Amplified DJ

June: Ragnar Relays, early AM
Amplified voice

June: Rhythm & Booms, day + evening
Amplified music

July: Colors Run
Amplified music

July: Capital City 5K Run
Amplified voice

August: Great Taste of the Midwest
Amplified music

September: Clean Lakes Festival
Amplified music

October: Charter Free Concert
Amplified music

Goodman Pool

Swim meets: Amplified voice

**Total 30+ days / evenings of scheduled
events using amplified sound systems in one
neighborhood**

**Possible solution: city-wide limits on
permitted amplification levels**

Came after Ann Walker

Date: 9 Dec 2015

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. #9

PLEASE PRINT CLEARLY

Name

Anne Walker

Address

1709 Winnebago St
Madison

Please check the appropriate boxes:

☒ **Support** @ BS db.
☐ **Oppose**
☐ **Neither Support Nor Oppose**

and ☒ Wish to speak
☐ Do not wish to speak
☐ Available to answer questions

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REGISTRATION STATEMENT - PAGE 2

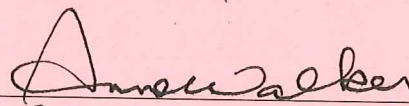
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Date 9 Dec 2015 Signature 
Print Name Anne Walker

Date: _____

CITY OF MADISON

Registration Statement - **BOARD OF PARK COMMISSIONERS**
COMMITTEE

Please Print

Agenda No. <u>9 40772</u>
8

PLEASE PRINT CLEARLY

Name RON SHUTVET

Address 925 LAKE CT

MADISON WI 53715

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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Date _____

Signature _____

Print Name _____

I support changes to the conditions and fees for a Park Amplification Permit for allowing the use of an amplified sound system in a Madison park. Past experience has shown that many groups fail to use restraint in the intensity of the amplified sound at their events. With the ever increasing use of our parks for large events during the warmer weather here in Madison, it has gotten to the point that for some parks the surrounding nearby residents are blasted with unreasonable sound levels on many days each summer. Many of these events often amplify sound early in the morning and/or late in the evening as well as all day long for multiple days in a row.

We need better monitoring of sound levels at these events to ensure that the sound level set in the amplification permit is not exceeded. The fee structure for obtaining a permit needs to recover all costs associated with monitoring the noise levels at permitted events.

While the Proposed 2016 Public Amplification Permit Fees (REVISED) is an improvement over the existing amplification permit rules, more has to be done. At least some of the various Madison Ordinances dealing with noise need to be revised to make the proposed changes legal and enforceable. This will require Common Council approval.

We also need a more defined penalty structure for those who violate the Park Amplification Permit decibel limit set by the Parks Department to ensure compliance. We also need to have higher penalties for repeat offenders. Give Park Rangers as well as the Madison Police authority to shut down the amplification at events that fail to adhere to the conditions of the amplification permit including failure to keep the sound below the maximum decibel level that is listed as a condition of the permit.

Madison Municipal Ordinances Catch 22

Madison Ordinances Chapter 8 Public Property

8.29 PUBLIC ADDRESS SYSTEMS IN PARKS (should be changed to Amplified Sound Systems in Parks)

- (1) No public address systems or sound amplification devices shall be used in any public park within the City of Madison except as permitted by this section. The Parks Superintendent may issue permits in accordance with this section. A permit shall not exempt the holder from the provisions of Sec. 24.08.
- (3) The Superintendent may limit the hours of operation and the location within the park of any such system or equipment so as to insure the benefit of such system or equipment to the group seeking its use and to minimize any unreasonable interference with the peace and enjoyment of other users of the park and those adjacent to such park. Only the hours of operation and location of such system or equipment may be regulated by this section. The Superintendent shall consider applications in the order they are received.
- (5) The Police Department is authorized to require the discontinuance of any such system or equipment operating outside the prescribed hours or location. Any person violating the provisions of this ordinance shall be subject to a forfeiture of not less than twenty dollars (\$20) nor more than fifty dollars (\$50).

Madison Ordinances Chapter 24 Offenses Against Peace and Quiet

24.08 NOISE CONTROL REGULATION

- (1) Statement of Purpose. The City of Madison recognizes that excessive noise is a serious threat to the public health and welfare, public safety, quality of life and property values. Current science and technology permit abatement of noise sources which was not available in the past. Therefore, it is the policy of the City to prevent and abate excessive noise which may jeopardize the public health, safety or welfare or which would cause harm to property values or which would impair the quality of life within the city.
- 3) Exemptions. The provisions of this ordinance shall not apply to the following:
 - (d) Outdoor gatherings, public dances, shows, and sporting and entertainment events for which a permit or license is required and obtained pursuant to Madison General Ordinances.

The above Catch 22 in the wording of these Madison Ordinances needs to be corrected.

Ron Shutvet
Madison WI

Date: _____

CITY OF MADISON

Registration Statement - **BOARD OF PARK COMMISSIONERS**
COMMITTEE

Please Print

40772
Agenda No. <u>9</u>
6

PLEASE PRINT CLEARLY

Name ~~Joe~~ Rick Marolt
Address 1015 Lawrence Street
Madison, WI 53715

Please check the appropriate boxes:

☒ **Support** *with modifications*
☐ **Oppose**
☐ **Neither Support Nor Oppose**

and ☒ Wish to speak
☐ Do not wish to speak
☐ Available to answer questions

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Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 40772
91

Name Kevin O'Malley ✓
Address 5135 Baldwyn
Madison

Please check the appropriate boxes:

☐ Support
☒ **Oppose**
☐ Neither Support Nor Oppose

and ☒ Wish to speak
☐ Do not wish to speak
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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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12/19/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE



Please Print

PLEASE PRINT CLEARLY

Agenda No. 40772
90

Name Fred Schepartz
Address 149 Talmadge
Madison, WI 53704

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

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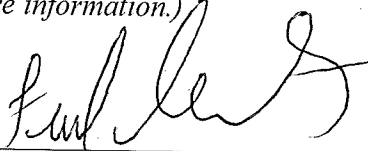
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Date 12/19/15

Signature



Print Name

Fred Schepartz

I support the proposal for permit #4 and the corresponding amendments. I am happy that the Parks Commission listened to concerns from last month's meeting. I am still concerned that the proposal could harm our great festivals. A one-size-fits-all approach does not work here. We need to understand that volume will work differently at different parks. Levels at some booth work best, and it needs to be understood that different events and different venues will necessitate different & higher needs for volume.

Date: _____

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Name

GARY KALLAS

Address

Agenda No.

4077Z

89

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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☐ No

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Signature _____

Print Name _____

In our efforts to inform the community of a very important matter, we made a mistake:

Our initial commission hearing notice flyer that went public was a bit misleading. It stated the city's proposal would set one decibel policy for non-profits and another policy for for-profits to use City Parks. **This is not accurate.** All decibel policies for City Park usage would be the same.

We apologize for this statement.

The statement was not meant to mislead or incite anger in our community. We thought we were pointing out a matter that is of most concern to us; events in Madison's Central Park would be subjected to a different set of regulations than concert events held at the Breese Stevens' venue. Our mistake, to which we are again most sincerely apologetic, is most events held at Central Park are offered by Non-for-Profits and we were inattentive.

Our mistake was unintentional. We view ourselves as partners with the City. Indeed, we support the Breese Stevens development and applaud the City for bringing more cultural events and arts to the Isthmus.

There is however, a major difference of opinion on the effects of noise coming from events at the two sites.

Most people in opposition to the amended or original decibel proposal appreciate that there is one decibel policy for Breese Stevens and another for events at Central Park.

Most people who are engaged in this debate live or work on Madison's Isthmus.

These people believe that Breese Stevens Field and Central Park are comparable facilities.

Central Park was designed to support events like La Fete de Marquette by leveraging the Park's location in an industrial corridor where substantial noise-abatement space exists between events and dense residential neighborhoods.

Breese Stevens has walls.

Central Park has air space.

Sincerely,
Organizers of Non-Profit Events at Central

December 9, 2015

For your consideration . . .

From the producers of La Fete de Marquette only

- 1) Tonight's issue is not about for profits versus non-profits; ***an earlier notice was unintentionally phrased that way***;
- 2) Tonight's issue (for some) is not about amplification permit fees; the city has costs and we recognize that;
- 3) Tonight's issue is not about us versus the city;
- 4) Tonight's issue is about events held in Central Park being afforded the same amplification regulations afforded to events at Breese Stevens.

Date: 12-9-2015

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Name SCOTT B. THORNTON
Address 1104 JENIFER ST
MADISON, WI 53703

Agenda No. <u>9</u>

88

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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Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 9) 40772 88

PLEASE PRINT CLEARLY

Name

Bert Zipperer

Address

1337 Jennifer St
Madison 53703

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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☐ Yes ☒ No

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Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 40772
#83

Name Samantha Skar
Address 513 Christianson Ave
Madison, WI

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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Name, address and telephone number of each person or organization you are representing:

Central Park dba should be the same as policy at Breese
Stevens. If not, there is cause to believe that Big Top
will take over act for their profit Shows that w/
take from directly from proceeds from non-profit events at Central
Are you being paid for your representation? ☐ Yes ☒ No park

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No
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Speaking Limits: Public Hearing (Common Council).....5 minutes
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Wilmar will
lose funds if this
goes through

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: Dec 9, 2015

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 40772

81

Name

ASHWINI RAO

Address

2124 E. MAIN ST.

MADISON, WI 53704

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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Signature _____

Print Name _____

Date: 12/9/2015

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 40772
80

Name Beatrice Hadidian
Address 317 Riverside Dr.
5370

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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Date _____

Signature

Print Name

Date: 12/8/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 40772
H9 79

Name Galen B. Thompson
Address 121 Dunning St
Madison WI 53704

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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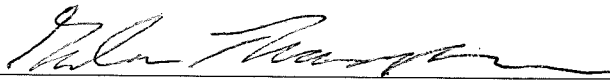
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Date

12/8/15

Signature



Print Name

Galen Thompson

Date: 12-9-15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 40772
78

Name Robert Lughai
Address 1115 E. Wilson St.
Madison, WI 53703

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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Signature

Print Name

Date: 12-9-15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Name

Barbara A. Bolan

Address

605 Hudson Ave.
Madison, WI 53704

Agenda No. 40772

77

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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☐ Yes

☐ No

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☐ No

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Print Name _____

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 40772
76

Name Mike Madden
Address 502 Welch Ave

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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Signature _____

Print Name _____

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Name Justin Bastus

Address 3501 Picastoff St

Agenda No. 40772

75

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☒ No

*(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 12/9/15

Signature

Print Name


Justin Bartus

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

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Agenda No. 40772
74

Name Kambrea Boese
Address 3501 Pierstorff St
Madison, WI 53704

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)

REGISTRATION STATEMENT - PAGE 2

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Date

12/9/15

Signature



Print Name

Kandra Boese

Date: 12/9/2015

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 9
73

Name MAGGIE WEISER
Address 4506 Hamlet Circle
Madison, WI 53714

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:

Myself, MNA / Orion Park Festival (volunteer music co-coordinator)
608-255-0472

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12/09/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

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Agenda No. Norse
40772 72

Name Andy Moore
Address 2041 Rutledge 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

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)

REGISTRATION STATEMENT - PAGE 2

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Date

12/09/15

Signature



Print Name

Andrew K. Moore

Date: _____

CITY OF MADISON

Registration Statement - **BOARD OF PARK COMMISSIONERS**
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>9</u>
71

Name Jessica Wartenweiler

Address 2202 Winnebago 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

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: Dec 9 2015

CITY OF MADISON

Registration Statement - **BOARD OF PARK COMMISSIONERS**
COMMITTEE

Please Print

Agenda No. 40772
70

PLEASE PRINT CLEARLY

Name Leslie Peterson

Address 2450 Upham St 53704

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

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Agenda No. 9-40772
89

Name David Hecht
Address 503 S. Dickinson
Madison, 53703

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:

W.I. - Mar Neighborhood Center
Strongly oppose!

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☒ No

*(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

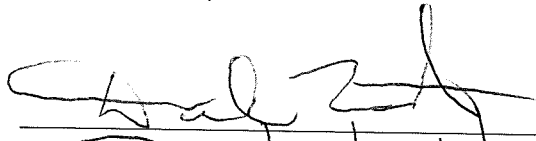
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 12.9.15

Signature

Print Name


David Hecht

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 9
40772

Name

Doug Koltz

Address

Williamson St.

Please check the appropriate boxes:

☐

Support

☐

Oppose

☐

Neither Support Nor Oppose

and

☒

Please read statement

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☐ No

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Date _____

Signature _____

Print Name _____

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Name Deanne Funkhouser
Address 411 S. Ingersoll
Madison, WI 53703

Agenda No. 40772

67

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

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Speaking Limits: Public Hearing (Common Council).....5 minutes
Information Hearing.....3 minutes
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 12/9/15

Signature 

Print Name Deanne Funkhouser

Date: _____

CITY OF MADISON

Registration Statement - **BOARD OF PARK COMMISSIONERS**
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>40772</u> <u>46</u>

Name

Ken Swift

Address

1238 Rutledge St.
53703

Please check the appropriate boxes:

- | | | |
|---|-----|--|
| <input type="checkbox"/> Support | and | <input checked="" type="checkbox"/> Wish to speak |
| <input checked="" type="checkbox"/> Oppose <u>40772</u> | | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Neither Support Nor Oppose | | <input type="checkbox"/> 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)

REGISTRATION STATEMENT - PAGE 2

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Date 12-9-15

Signature

Ken Swift

Print Name

Ken Swift

Date: _____

CITY OF MADISON

Registration Statement - **BOARD OF PARK COMMISSIONERS**
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 40772

65

Name Sean Ottosen

Address 2329 E. Johnson 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

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:

Willmar Neighborhood Center

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.)

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Information Hearing.....3 minutes
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE



Please Print

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Agenda No. 439
40772
464

Name Glenn Mitroff
Address 1516 Lynchburg Trail
Madison WI 53703
53718

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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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

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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772
63

PLEASE PRINT CLEARLY

Name

Justin B. Samuels

Address

2015 Corcoran Ct

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☒ No

(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

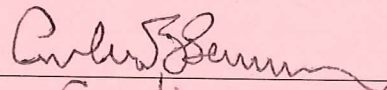
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date

12/9/05

Signature



Print Name

Curtis B Sorensen

12/10
Date: _____

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772
62

PLEASE PRINT CLEARLY

Name Dylan Swenson
Address 834 E. Gohm #3
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

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772

PLEASE PRINT CLEARLY

Name LARRY ORR
Address 1237 E. DAYTON ST
MADISON, WI 53703

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772
60

PLEASE PRINT CLEARLY

Name Joshua Kuhl
Address 6817 Tottenham Rd
Madison, WI 53711

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:

Kuhl Entertainment
6817 Tottenham Rd
Madison, WI 53711

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☒ No

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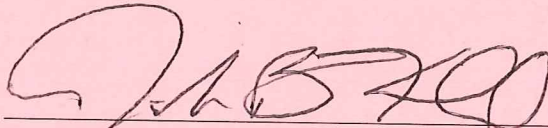
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date

12/9/13

Signature



Print Name

Josh B Kuhl

Date: _____

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. <u>40772</u> <div>59</div>
--

PLEASE PRINT CLEARLY

Name Karen Margelofsky - Sorensen
Address 2015 Corscot Ct.
Madison, WI 53704

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☐ No

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Date _____

Signature _____

Print Name _____

Date: 12-9-15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772
58

PLEASE PRINT CLEARLY

Name Kirk L. Swenson
Address 3528 Atwood Ave #323
Madison WI 53714

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772
57

PLEASE PRINT CLEARLY

Name Mike McDuffee
Address 4108 Maher ave

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:

Let It Ride Cold brewed Coffee

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)

REGISTRATION STATEMENT - PAGE 2

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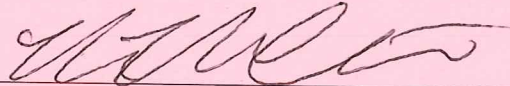
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date

12/9/15

Signature



Print Name

Mike McAfee

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. <u>40772</u>
56

PLEASE PRINT CLEARLY

Name Matt Allenstein

Address 2117 Oakridge Ave

Madison, WI 53704

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☐ No

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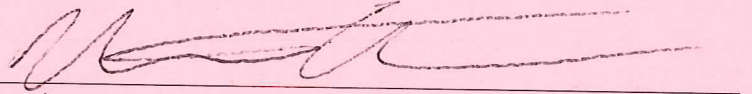
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 12/4/15

Signature



Print Name

Matt Allenstein

Date: 12-9-15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 40772

55

Name

Chris Hoefler

Address

1 West Gilman
Madison WI 53703

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☐ No

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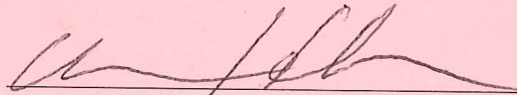
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Date 12-9-15

Signature



Print Name

Chris Hoefler

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 410772
54

PLEASE PRINT CLEARLY

Name

Oscar Suggs

Address

521 East Bluff

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:

Willman

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☒ No

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Date 12/19/15

Signature

Oscar Suggs

Print Name

Oscar Suggs

Date: _____

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. <u>40772</u>
54

PLEASE PRINT CLEARLY

Name STEVE SPERLING
Address 2090 ATWOOD AVE
1 53703

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:

BALTIMORE THEATRE 2090 ATWOOD 241-8864

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☒ No

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Date

12-9-15

Signature



Print Name

STEVE SPERINO

Date: 12/

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772
53

PLEASE PRINT CLEARLY

Name Nastachia Hanger
Address 1344 E. Wilson St. #1
Madison, WI 53703

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:

Wil-Mar Neighborhood Center

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☒ No

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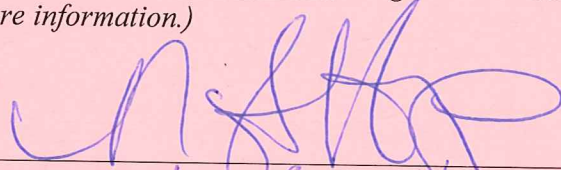
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Date

12/18/15

Signature



Print Name

Nastacia Hanger

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772
52

PLEASE PRINT CLEARLY

Name Jen Ahlstrom
Address 1 W. Gilman #E
MADISON WI 53703

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☒ No

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Date _____

Signature _____

Print Name _____

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772
57

PLEASE PRINT CLEARLY

Name Alexa Ross
Address 306 Norris St Apt A
Madison WI 53703

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 9
50

PLEASE PRINT CLEARLY

Name MAX WASINGER ✓
Address 1618 Jefferson ST
MADISON WI 53711

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772
49

PLEASE PRINT CLEARLY

Name Robert Johnson
Address 1049 EAST JOHNSON ST
MADISON WI 53707

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:

Will-MAR Community Center

Loke House - Community Mill Site

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)

REGISTRATION STATEMENT - PAGE 2

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Date

12/9/15

Signature

Print Name

Robert T. Johnson

Date: _____

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. <u>40772</u>
<u>48</u>

PLEASE PRINT CLEARLY

Name Robin Marohn ✓

Address 201 ISLAND DR
MADISON WI

Please check the appropriate boxes:

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

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:

Heartland Credit Union 944 Williamson St. 83705

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772
47

PLEASE PRINT CLEARLY

Name Peregrine Reed Balas
Address 334 1/2 W. Wilson St. Madison
WI 53703

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)

REGISTRATION STATEMENT - PAGE 2

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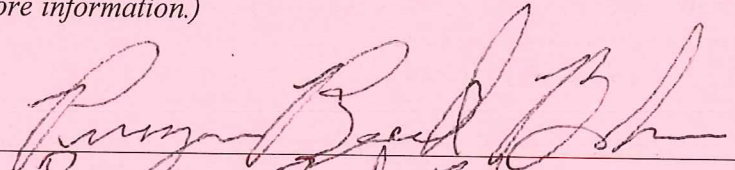
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Date

12/9/15

Signature

Print Name


Peregrine Reed Balas

Date: 12/9/2015

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 40772

Name Brandon Fiebiger

Address 921 Jenifer St. Madison, WI

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)

REGISTRATION STATEMENT - PAGE 2

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Date 12/9/2015

Signature



Print Name

Brandon Fiebigler

Date: Dec 9 2015

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 40772

45

Name

David Aron

Address

4905 Marvin Ave

Madison WI 5374

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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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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: Dec 9, 2015

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772
44

PLEASE PRINT CLEARLY

Name

Leigh Szuch

Address

1334 Williamson St apt 1
Madison, WI 53703

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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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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12/9/2015

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. <u>9</u>
43

PLEASE PRINT CLEARLY

Name Heidi Van Nuden
Address 212 E. Coldspring Ave.
Madison, WI 53716

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)

REGISTRATION STATEMENT - PAGE 2

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Date 12/9/2015

Signature

Heidi VanNorden

Print Name

Heidi VanNorden

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. <u>9</u>
42

PLEASE PRINT CLEARLY

Name Jason VanNorden
Address jasonvannorden@gmail.com

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
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Speaking Limits: Public Hearing (Common Council).....5 minutes
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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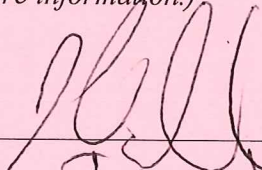
(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date

12/9/15

Signature

Print Name


Jason Van Burden

Date: 12/9/2015

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772
41

PLEASE PRINT CLEARLY

Name Justin Spindler
Address 5578 Oaks Drive
Plano WI 54467

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)

REGISTRATION STATEMENT - PAGE 2

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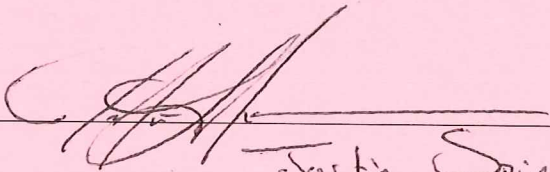
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Date 12/9/15

Signature

Print Name


Justin Spindler

Date: 12/9/2015

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 40722

Name River Ake Mann

Address 921 Jennifer 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

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:

Fashiz21e

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)

REGISTRATION STATEMENT - PAGE 2

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 12/9/2015

Signature



Print Name

River Akemann

Date: _____

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. <u>40772</u>
39

PLEASE PRINT CLEARLY

Name Jennika Bastian
Address 334 1/2 West Wilson St
Madison, WI ~~53703~~ 53703

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:

Jennika Bastian

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☐ No

(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

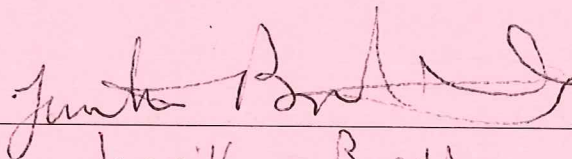
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Date

12/9/15

Signature



Print Name

Jennika Bastian

Date: 12/9/2015

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. <u>410772</u>
<u>38</u>

PLEASE PRINT CLEARLY

Name Tess Kellogg
Address 3345 West Wilson St.
Madison WI 53703

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:

Tessal Kellogg 3345 West Wilson St. Madison WI 53703
Megan Dennison

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☐ No

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Date _____

Signature _____

Print Name _____

Date: 12-9-15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772
37

PLEASE PRINT CLEARLY

Name

Address

Adrianna Dheny
534 1/2 W Wilson St
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

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. A0772
36

PLEASE PRINT CLEARLY

Name Kathleen "Kate" M. Tucker
Address 4504 CAMDEN ROAD
MADISON, WI 53716-1247

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
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12/09/2015

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. <u>40772</u>
35

PLEASE PRINT CLEARLY

Name MICHAEL PILSNER
Address 726 MIEETA LN #3
MADISON, WI 53704

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12-9-15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772
34

PLEASE PRINT CLEARLY

Name

Aaron Berry

Address

307. S. Few St

Madison, WI 53703

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:

Julie Spears 307 S. Few St Madison, WI 53703 608-234-0908

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12-9-15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. <u>40772</u>
33

PLEASE PRINT CLEARLY

Name Joseph Mausek
Address 813 Williamson St, Apt 1
Madison, WI 53703

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.)

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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772
32

PLEASE PRINT CLEARLY

Name Dick Goyot
Address 936 Jenisa Madison

Please check the appropriate boxes:

☒ Support
☒ Oppose IT should be 70
☐ 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
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Information Hearing.....3 minutes
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. <u>9</u>
31

PLEASE PRINT CLEARLY

Name Devon Abshire
Address 123 N. Bloont st #403
Madison wi 53703

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)

REGISTRATION STATEMENT - PAGE 2

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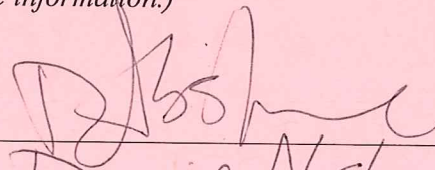
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Date

12/9/10

Signature



Print Name

Devin Abshere

Date: 12/9/2015

CITY OF MADISON

Registration Statement - **BOARD OF PARK COMMISSIONERS**
COMMITTEE

Please Print

Agenda No. 40772
30

PLEASE PRINT CLEARLY

Name JUSTIN KIBBEL
Address 206 S. FIRST ST #1
MADISON, WI 53704

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

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Information Hearing.....3 minutes
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12/9/15

CITY OF MADISON

Registration Statement - **BOARD OF PARK COMMISSIONERS**
COMMITTEE

Please Print

Agenda No. 10777
29

PLEASE PRINT CLEARLY

Name Andrew Paepke

Address 130 Talmadge 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

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

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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. <u>#9 40772</u>
28

PLEASE PRINT CLEARLY

Name Ryan Richards
Address 6413 Inner Dr.
Madison WI

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - **BOARD OF PARK COMMISSIONERS**
COMMITTEE

Please Print

Agenda No. <u>40772</u>
27

PLEASE PRINT CLEARLY

Name

Kimberly Follett

Address

4326 Doncaster Dr

Madison, WI 53711

Please check the appropriate boxes:

☐

Support

and

☐

Wish to speak

☒

Oppose

☒

Do not wish to speak

☐

Neither Support Nor Oppose

☐

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☒ No

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - **BOARD OF PARK COMMISSIONERS**
COMMITTEE

Please Print

Agenda No. <u>4077 2</u>

26

PLEASE PRINT CLEARLY

Name Jared Perez ✓

Address 6004 Schroeder Rd.
Madison Wi, 53711

Please check the appropriate boxes:

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

Support

Oppose

Neither Support Nor Oppose

and

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 09 Dec 15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. <u>40772</u>

25

PLEASE PRINT CLEARLY

Name Lane Alexander
Address 726 Mesta Ln #3
Madison, WI 53704

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 9
24

PLEASE PRINT CLEARLY

Name Emma Hetzel
Address 610 Hudson Ave
Madison, WI 53704

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:

Wil-Mar Neighborhood Association

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☒ No

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 12/9/15

Signature

Emma Hetzel

Print Name

Emma Hetzel

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. <u>9</u>
<u>23</u>

PLEASE PRINT CLEARLY

Name Rob Hetzel
Address 610 Hudson Ave
Madison WI

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:

Wil-Mar Neighborhood Assoc.

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)

REGISTRATION STATEMENT - PAGE 2

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 12/9/15

Signature 

Print Name Robert Hetzel

Date: 12/09/2015

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 9 (40772)

PLEASE PRINT CLEARLY

Name GERAULDINE APPEDES VASQUEZ
Address 236 DUNNING ST
MADISON, WIS 53704

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.)

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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.)

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Information Hearing.....3 minutes
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 12/09/2015

Signature

Geraldine Vasquez

Print Name

GERALDINE PAREDES VASQUEZ

Date: _____

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. <u>9</u>
20

PLEASE PRINT CLEARLY

Name LAURIE FRANK
Address 1337 JENIFER ST
MADISON 53703

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12-9-15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. # 9
19

PLEASE PRINT CLEARLY

Name Daniel Hobson
Address 1409 Rutledge St
Madison, WI

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.)

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Information Hearing.....3 minutes
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12-9-15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 9
18

PLEASE PRINT CLEARLY

Name Julie Reisin
Address 1112 E Dayton St
53703

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.)

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Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No
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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. <u>#9</u>
17

PLEASE PRINT CLEARLY

Name JOHN LA PILLIPH
Address 702 S. THORNTON AVE #2
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

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12-9-2015

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. #9

PLEASE PRINT CLEARLY

Name Scott H Mueller
Address 2022 E. Washington Ave
Madison WI

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. <u>40 T72 #9</u> 15

PLEASE PRINT CLEARLY

Name

Robert J. Bingham

Address

4009 Hegg Ave
Madison, WI

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)

REGISTRATION STATEMENT - PAGE 2

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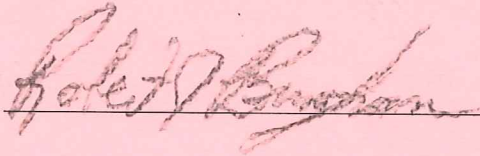
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature



Print Name

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772
13

PLEASE PRINT CLEARLY

Name Jack Kear
Address 1045 E Wilson St
Madison WI 53703

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.)
Margate Neighborhood Association

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)

REGISTRATION STATEMENT - PAGE 2

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 12/9/15

CITY OF MADISON

Registration Statement - **BOARD OF PARK COMMISSIONERS**
COMMITTEE

Please Print

Agenda No. 40772

PLEASE PRINT CLEARLY

Name Rich Zietko
Address 1944 E. Washington Ave
Madison WI 53704

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☐ No

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Date _____

Signature _____

Print Name _____

Date: 12-8-15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 9 40772

PLEASE PRINT CLEARLY

Name Dennis Egbert
Address 5304 Maher Ave
Madison WI 53716

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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Information Hearing.....3 minutes
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____

Date: 12/9/15

CITY OF MADISON

Registration Statement - **BOARD OF PARK COMMISSIONERS**
COMMITTEE

Please Print

Agenda No. 40772

10

PLEASE PRINT CLEARLY

Name

Tim Thompson

Address

26 Eldon Ct

Madison WI 53716

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. <u>9 40772</u>
<u>9</u>

PLEASE PRINT CLEARLY

Name JOYCE WILSON
Address 5304 MAHER AVE
MADISON WI 53716

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)

REGISTRATION STATEMENT - PAGE 2

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Date

12/09/2015

Signature

Joyce R Wilson

Print Name

JOYCE WILSON

Date: 12/09/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772
5

PLEASE PRINT CLEARLY

Name Lucie DiMaggio
Address 2714 Sommers Ave
Madison, WI

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)

REGISTRATION STATEMENT - PAGE 2

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Date

12/09/15

Signature

Lucie Demaggio

Print Name

Lucie DiMaggio

Date: 12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 40772

3

Name Stacy Sandler

Address 2402 Center Av.
Madison, WI 53704

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☒ No

*(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

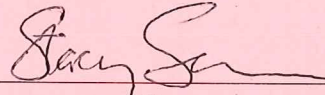
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Date 12/9/15

Signature



Print Name

Stacy Sandler

Date: 9 DECEMBER 15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772
2

PLEASE PRINT CLEARLY

Name

ROBERT HEINRICH

Address

215 VAN DEUSEN
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

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:

from Yum Fest -

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)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date:

12/9/15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772

1

PLEASE PRINT CLEARLY

Name

DARREN STERVO

Address

1048 E. JOHNSON ST

MADISON, WI 53703

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)

REGISTRATION STATEMENT - PAGE 2

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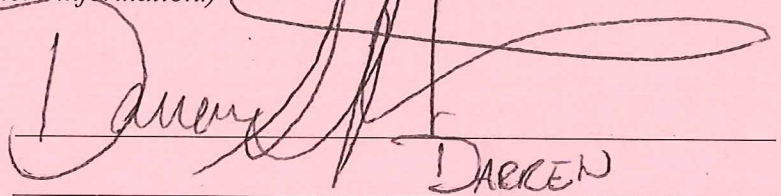
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Date

12/9/15

Signature

Print Name


DARREN
STERUP

Date: 12-9-15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Name

Sybil Augustine

Address

149 TALMADGE ST
MADISON WI 53704

Agenda No. 9

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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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

My main concern is that this only covers events in city parks. How will it help when many other events, concerts, festivals, fireworks, parades, military jets and more have no restrictions? Also, many of those complaining about volume were still unhappy with an imposed 85db limit. So this won't satisfy them.

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☐ No

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Date

12-9-15

Signature

Print Name


SYBIL AUGUSTINE

Date: _____

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Name Richard Slove

Address 1132 Spaight

Agenda No. 40772

84

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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Are you being paid for your representation?

☐ Yes ☒ No

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☐ Yes ☒ No

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Speaking Limits: Public Hearing (Common Council).....5 minutes
Information Hearing.....3 minutes
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12-9-15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 40772
82

PLEASE PRINT CLEARLY

Name Jimmy Delacruz
Address 906 Melrose 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

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No
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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

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Speaking Limits: Public Hearing (Common Council).....5 minutes
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12.9.15

CITY OF MADISON

Registration Statement - BOARD OF PARK COMMISSIONERS
COMMITTEE

Please Print

Agenda No. 10 9
amphibian fees 7

PLEASE PRINT CLEARLY

Name Marsha Rummel
Address 1029 Spaight St 6C

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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Are you being paid for your representation? ☐ Yes ☐ No

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Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 12-9-15

CITY OF MADISON

Registration Statement - **BOARD OF PARK COMMISSIONERS**
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 40772

Name Kirby Guy

Address 626 Pirate Island Rd #106

Monona 53716

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)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☐ No

*(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

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Alliant Center / Willow Island

May: Brat Fest 4 days + evenings
Amped music, fireworks. Willow Island

June: Susan G. Komen Race, 1 day
Amplified voice, noisemakers
Starts at Alliant Center, thru Bay Creek, no AM egress for neighbors

July: Bhakti Fest, 3 days + evenings
Amplified music, Willow Island

July: Dane County Fair, 4-5 days + eves.
Amplified music, Willow Island

July: WJJO Band Camp, day + evening
Amplified music, Willow Island
(not held in 2014)

August: Blacklight Run
Amplified voice, Alliant Center

Aug.-Sept. Color Me Rad
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Alliant Center/Willow Island

September: Make-A-Wish Run
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Carries across Lake Monona

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Park St. @ Wingra

Olin Turville Park

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Amplified voice

May: Glow Time, evening
Amplified DJ

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Goodman Pool

Swim meets: Amplified voice

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Possible solution: city-wide limits on permitted amplification levels

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Handed Out at Meeting

PA Permits and Sound Monitoring at Concert Events in Madison City Parks



Submitted to the City of Madison Board of Parks Commissioners

December, 2015

INTRODUCTION

In 2015, many special events occurred within Madison parks which were approved for the use of amplification. The coordinators of these events obtained PA permits as part of the conditions of using the parks for their events. The number of special events being granted PA permits has risen over the last five years. Consequently, the number of sound related complaints in and around Madison parks has also risen. As a result, the Park Commission has expressed an interest in having staff monitor sound levels at special events in order to enforce both maximum levels of sound permitted and times during which amplified sound is acceptable. The Park Commission also requested a report be made back to them about the results of the sound monitoring conducted at park events in 2015.

In 2015, PA permits came with specific guidelines. All event coordinators using PA permits were given specific times during which they were allowed to use amplified sound. They were also given a maximum sound level at which they could broadcast sound, set for most events at 85 decibels. An example of the language used in such a PA permit to inform organizers of their responsibility in maintaining these conditions is as follows:

Sound levels will be monitored at various places around event perimeter, particularly residential areas near the park. Sound levels are not to exceed 85 decibels within any 1/3 octave band as measured by Parks staff. If readings are above this level, and the organizers are told by Park Staff to comply, they must take action to correct the violation within 10 minutes. If the correction does not occur after 10 minutes, there will be a charge of \$100.00 every 10 minutes the organizer is in violation of the amplification condition. Violation charges will be deducted from the event damage deposit.

SUMMARY

In 2015, sound levels were monitored using a sound level meter with octave band analysis capability at eight park special events:

• 6/13	Marquette Waterfront Festival	Yahara Place Park
• 7/5	Let's Eat Out	Burr Jones Field
• 7/8-7/11	La Fete de Marquette	Central Park
• 7/14	Concert in the Breese	Breese Stevens Field
• 8/8, 15, 16	Central Park Sessions	Central Park
• 8/23	Yum Yum Fest	Central Park
• 8/26-8/31	Orton Park Festival	Orton Park
• 10/2	Avett Brothers Concert	Breese Stevens Field

Six of these events had at least one measurement that was above the permitted decibel level (all except for Let's Eat Out and Concert in the Breese). It should be noted that readings were typically only taken in conditions where it was believed that sound levels may be above the established limit, or when a noise complaint was called into park rangers or Madison police for the area¹. It should also be noted that a large number of the measurements that qualified as above the agreed upon standard were within a 3 dB

¹ An important exception is the Avett Brothers Concert, where readings were taken consistently throughout the evening to assess what kind of levels a concert of this size would have in the surrounding area based upon a collaboration between the organizer and Madison Parks.

margin from the standard. Non-amplified issues, for example crowd noise, could play a significant part in some of these peaks. For most events, there are many park ranger logs showing rangers patrolling the area and judging the sound levels to be within compliance and feeling no need to monitor the levels with the sound meter as a result. This discretion is afforded to ranger staff in the field to ensure they are utilizing tax payer resources efficiently and ensuring they are able to meet the needs of the entire park system. Because of this, the data is naturally skewed to show a high percent of readings which are close to and over the limits set for each event. Simply stated, Madison Parks is confident that the values of readings reflected in this report and analysis is skewed towards a higher decibel output than would have been the average sustained amplified output from these events. Given the lack of resources to allocate to a full scale continual monitoring program (with the exception of the Avett Brothers concert, which was funded by the organizer), this is somewhat anecdotal. However, one objective measure that will show this reduction in adverse impact on non-attendees is the number of complaints from these events from members of the public from 2014 to 2015 (staff is working on quantifying this data currently).

As attempts have been made to enforce conditions of PA permits given to event organizers, organizers have generally demonstrated a willingness to work on reducing sound when asked. When asked to comply with limits, organizers did make alterations at the time of the request. On each of the 3 occasions where ranger staff requested the sound levels be reduced an adjustment was made. Unfortunately, however, on two out of three of these occasions, rangers returned to the events and had to again ask event staff to turn down the sound levels because the levels had gone back up since first contact was made.

- **8/16 at Central Park for the Central Park Sessions**

Between 18:25 and 18:36, five readings were taken at the event. Three of these five readings were over the limit of 85 dB (ranging from 77.5-91.7). When asked, organizers turned down the sound levels.

When rangers returned at 21:18, a reading showed a sound level of 88.9 dB. Organizers again were asked to turn down the sound levels, and again did so when requested.

- **8/23 at Central Park for Yum Yum Fest**

At 20:03 event staff were asked to turn down the sound levels. They did so when asked. Rangers were unable to return to the event to see if compliance was maintained.

- **8/30 at Orton Park for Orton Park Festival**

A noise complaint was called into MPD at 16:27. Between 16:49 and 16:59, readings were taken which showed sound levels between 87-88 dB. Event staff turned down the sound levels when asked. When rangers returned roughly two hours later, readings were taken between 18:56 and 19:05 which showed sound levels ranging from 87.9 to 93.6 dB. Again, event staff turned down the sound levels when asked.

On two occasions in 2015, park rangers observed special events in parks whose organizers did not have the amplified sound turned off by the time they were required to based on the conditions in their PA permits.

- **Orton Park Festival (8/29)**

The PA permit for this date expired at 21:45. Two rangers reported to the event and turned the amplified music off from the sound booth at 21:48. However, the band's own amplifiers were not controlled by the house sound and thus the band continued to play until 21:55. Ranger reported that the event organizer was upset that the band continued to play after the sound board was shut down. No citation was issued, as the ranger determined the organizer made every reasonable attempt to comply and that it was the choice of the artist to not comply.

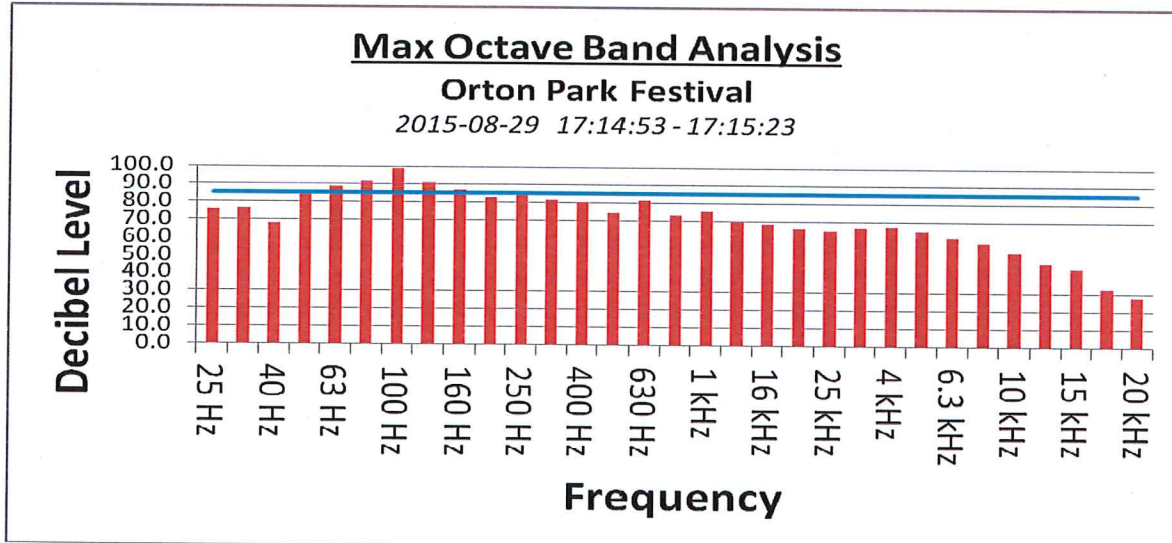
- **Central Park Sessions (9/3)**

The PA permit for this event expired at 22:00. A ranger reported to the event. At 22:00, the event organizer informed the band that they could play another song. The band finished their final song at 22:04. A citation was issued for this violation.

A total of 120 readings were taken at events in Madison parks in 2015. Of these 120 readings, 44 of them (36.67%) had frequencies with values over the limits allowed in the events' PA permits. In nearly all instances, the readings above the prescribed standard occurred in one to four octave bands across the sound spectrum, with the majority of readings in excess of limits being in the 50 – 250 Hz bandwidths. Of the 120 readings, 51 were taken at the Avett Brothers concert at Breese Stevens field on October 2, 2015. The large number of readings is the result of a collaborative effort between the organizer and Madison Parks to ensure a large amount of monitoring was collected to ensure solid analytical tools for post-event evaluation. Park rangers conducted the readings, and Madison Parks was reimbursed for the staff cost associated with this extraordinary service. If these readings are taken out of the aggregate total, 57.97% of the remaining readings at the other seven events monitored were over the limits allowed in the events' PA permits.

DATA AND METHODOLOGY

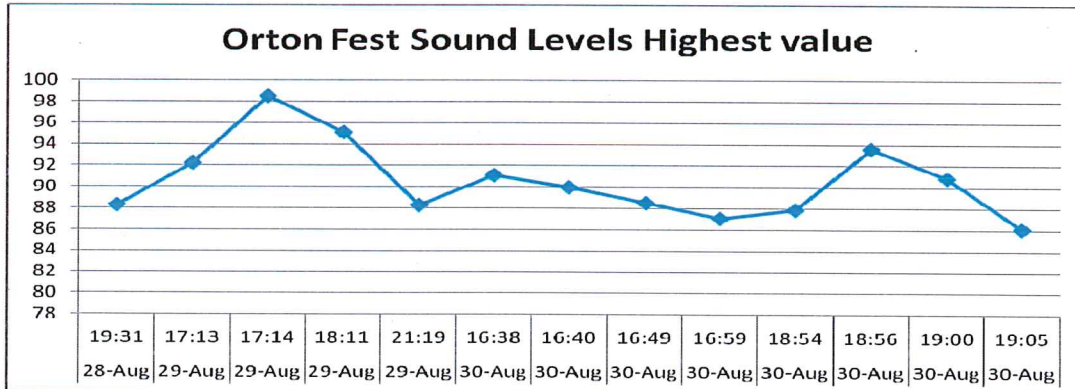
Data is based on maximum octave band analysis as obtained using a Larson Davis SoundTrack LxT1 sound level meter. Data is obtained directly from the sound level meter and then imported into Microsoft Excel and graphed. Numbers for sound levels are in decibels. The graph and chart below are an example of how the data from the sound meter is exported for evaluation.



85 decibels was the upper permitted limit for sound at Orton Park Festival, marked by the line in the graph at 85. Bars going over this line thus show sound levels at various frequencies which are over the permitted limit for this event. Each of the 120 readings taken in 2015 has a corresponding graph.

For each reading, the highest level was recorded in order to track the maximum levels being produced at each point in time. For instance, in the bar chart above the highest value recorded at that reading was at 100Hz, 98.5 decibels. An example of the highest values (on a specific frequency) for each reading at a particular event can be viewed in either tabular or graphical formats, such as the following:

Orton Fest Sound Levels		
<u>Date</u>	<u>Time</u>	<u>Highest value</u>
28-Aug	19:31	88.3
29-Aug	17:13	92.2
29-Aug	17:14	98.5
29-Aug	18:11	95.1
29-Aug	21:19	88.3
30-Aug	16:38	91.1
30-Aug	16:40	90
30-Aug	16:49	88.5
30-Aug	16:59	87.1
30-Aug	18:54	87.9
30-Aug	18:56	93.6
30-Aug	19:00	90.9
30-Aug	19:05	86.1



Event	Number of readings taken	Number of readings over allowed limits	Percent of readings over allowed limits	Average highest decibel level recorded	Permit limit *
Marquette Waterfront Festival	3	3	100.00%	95.47	85
Let's Eat out	3	0	0.00%	79.13	90
La Fete de Marquette	29	13	44.83%	90.14	90
Concert in the Breese	5	0	0.00%	80.34	85
Central Park Sessions	15	10	66.67%	86.31	85
Orton Park Festival	13	13	100.00%	90.58	85
Avett Brothers	51	4	7.84%	87.05	105
Yum Yum Fest	1	1	100.00%	99.2	85
Total	120	44	36.67%		

*At the perimeter for all events with the exception of the Avett Brothers concert, which was measured at the sound board.

The summary table above shows data for the eight events that were monitored using the sound level monitor. To acquire this data, every reading was imported and the highest level for each reading was recorded (typically falling in the lower bands between 25-125 Hz).

Some events clearly had more monitoring than others, and levels were monitored at different times for every event; thus, the data cannot be generalized to say that any one event was more frequently compliant than any other, or used in any other type of statistical comparison. What can be seen with this data is how compliant each event was at the times that sound was monitored for that event.