Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

CITY OF MADISON			
Registration Statement	BOARD OF PUBLIC WORKS		
Name Oul Pound	DATE_	1/6/16	
	ITEM NO.	ON AGENDA	
MADISON, WISSTI			
[] Support [] Oppose		Wish to Speak	
[] See Written comments for the record	II.	Do Not Wish to Speak	
	[	] Available to Answer	
Questions			
At this meeting are you representing an organization or a person other than yourself:		[] Yes [X] No	
If you answered No – you need not complete the remainder of this form.			
If you answered Yes to above question please complete:		는 이 이번 이번 경우 등이 되고 말았다. 	
Name, Address and phone number of each person or organization you are presenting to	day:		
Are you being Paid for your representation?		[] yes [] No	
Are you appearing as part of your other paid duties for this person as a supplied to			
Are you appearing as part of your other paid duties for this person or organizat		[] Yes [] No	
If you answered YES – continue – on other side please	***************************************		
PLEASE SEE OTHER SIDE			
Complete this form if you wish to speak before the Board. If you wish to submit wrinto the minutes record, please complete and give to the Secretary.  CITY OF MADISON			
Registration Statement		OF PUBLIC WORKS	
Name PETER GRAY	DATE_	1/8/2018	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TEM NO.	ON AGENDA	
MARISON, WISSTOS			
[] Support [] Oppose	េរ	Wish to Speak	
[] See Written comments for the record	·	Do Not Wish to Speak	
[4 Get Witten comments for the resort	ſ	] Available to Answer	
Questions			
At this meeting are you representing an organization or a person other than yourself:		[] Yes [i] No	
If you answered No – you need not complete the remainder of this form.			
If you answered Yes to above question please complete:			
Name, Address and phone number of each person or organization you are presenting to	day:		
Are you being Paid for your representation?		[] yes [ <sup>†</sup> ] No	
Are you appearing as part of your other paid duties for this person or organizat	tion?		
		[] Yes [] No	
If you answered VES - continue - on other side please			

PLEASE SEE OTHER SIDE

Complete this form if you wish to speak before the Board. If you wish to submit written comments and have them entered into the minutes record, please complete and give to the Secretary.

Registration Statement	CITY OF MADISON			
	BOA	ARD OF PUBLIC WORKS		
Name HARALD KLIEMS	DATE_ <u>V6//6</u>			
Address 6 N ALLEN ST MADISON 53726	ITEM	NO. <u>417773</u> ON AGENDA		
[] Support [] Oppose [] See Written comments for the record		[{] Wish to Speak		
	[] Do Not Wish to Speak			
Questions		[ ] Available to Answer		
At this meeting are you representing an organization of the liftyou answered No – you need not complete the liftyou answered Yes to above question please con Name, Address and phone number of each personal process.	remainder of this form. Omplete:	[]Yes [J No		
Are you being Paid for your representation?		[]yes []No		
Are you appearing as part of your other paid	d duties for this person or organization?			
If you answered YES – continue – on other s	side please	[]Yes []No		
	PLEASE SEE OTHER SIDE			