

Date: 12/30/16

CITY OF MADISON

Registration Statement – Transportation Ordinance Review Committee

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. _____

Name Grant F.

Address 3930 Archer Dr

Please check the appropriate boxes:

☐

Support

☐

Oppose

☒

Neither Support Nor Oppose

and

☒

Wish to speak

☐

Do not wish to speak

☐

Available to answer questions

Speaking Limits: Public Hearing 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☐ No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

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.)

(SEE BACK)