

Date: 12/14/16

CITY OF MADISON

Registration Statement – Transit and Parking Commission

*You must register before the Commission considers your item.*

PLEASE PRINT CLEARLY

Name Sandra Tor Kildson  
Address 1214 Elizabeth St.  
Madison, WI 53703

Agenda No. I. 2  
44515

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)