Date:	2	/
Date:		

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY		
Name GREGG SHIMANSKY		
Agenda No Address 1603 Monrue 87		
MADISON WI		
Please check the appropriate boxes:		
Support and Wish to speak		
Oppose Available to answer questions		
Neither Support Nor Oppose Sweeking Limiter Public Heaving		
Speaking Limits: Public Hearing		
At this meeting are you representing an organization or a person other than yourself: (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?		
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.)		