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	
, manager ,	BOARD OF PUBLIC WORKS
Name <u>U(\$7)// (\$Q2</u>)	DATE 3/8/17
Address State East kind was	ITEM NOON AGENDA
_P. Medison (W.C. 5377),	
[] Support NOppose	[] Wish to Cook
[] See Written comments for the record	[] Wish to Speak
	M Do Not Wish to Speak
Questions	[] Available to Answer
At this meeting are you representing an organization or a person other than yourself: If you answered No – you need not complete the remainder of this form. If you answered Yes to above question please complete:	[]Yes [] No
Name, Address and phone number of each person or organization you are presenting t	oday:
Are you being Paid for your representation?	[] yes [] No
Are you appearing as part of your other paid duties for this person or organiza	ition?
f you answered YES – continue – on other side please	
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Complete this form if you wish to speak before the Board. If you wish to submit into the minutes record, please complete and give to the Secretary.	written comments and have them entered
Registration Statement CITY OF MADISON	DOADD OF DUDI 10 WAS THE
	BOARD OF PUBLIC WORKS
Name <u>Jacqueline Chesson</u> Address <u>701 Acacia Lane</u>	DATE 3/8/17
Madison	ITEM NOON AGENDA
[] Support Doppose - Sidewalks	
[] See Written comments for the record	[] Wish to Speak
11 000 Whiteh comments for the fecold	M Do Not Wish to Speak
Questions	[] Available to Answer
At this meeting are you representing an organization or a person other than yourself: If you answered No – you need not complete the remainder of this form.	[]Yes [] No
If you answered Yes to above question please complete:	
Name, Address and phone number of each person or organization you are presenting	today:
Are you being Paid for your representation?	[] yes [] No
Are you appearing as part of your other paid duties for this person or organiz	
If you answered YES – continue – on other side please	

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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** Address ITEM NO. ON AGENDA [] Support [] Wish to Speak [] See Written comments for the record M Do Not Wish to Speak] Available to Questions At this meeting are you representing an organization or a person other than yourself: 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 today: 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 YES – continue – on other side please..... PLEASE SEE OTHER SIDE F:\USERS\Enjap\Forms\bpw RESGISTRATION FORM.DOC 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** [] Wish to Speak ? May be [] Support [] Oppose [] See Written comments for the record [] Do Not Wish to Speak 1 Available to Answer Questions At this meeting are you representing an organization or a person other than yourself: [] Yes [] 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 today: 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 YES – continue – on other side please.....

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CITY OF MADISON

Registration Statement	BOARD OF PUBLIC WORKS	
Name Nick Bers		
Address 205 Acadim In	DATE 8 March 2017	
Address 700 Freatisc (A)	ITEM NOON AGENDA	
N Support [] Oppose	∭Wish to Speak	
[] See Written comments for the record	[] Do Not Wish to Speak	
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Questions	[] Available to Allswei	
At this meeting are you representing an organization or a person other than yourself:	[] Yes 🎢 No	
If you answered No – you need not complete the remainder of this form.	/	
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Are you being Paid for your representation?		
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Are you appearing as part of your other paid duties for this person or organization		
If you answered YES – continue – on other side please	[] Yes [] No	
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Complete this form if you wish to speak before the Board. If you wish to submit verinto the minutes record, please complete and give to the Secretary. CITY OF MADISON		
Registration Statement	BOARD OF PUBLIC WORKS	
Name Knle Schilder	DATE 3/8/17	
Address 805 Douglas Tol Madson WF 53716	ITEM NOON AGENDA	
[] Support [] Oppose	[] Wish to Speak	
[] See Written comments for the record	[] Do Not Wish to Speak	
Questions	[] Available to Answer	
	,	
At this meeting are you representing an organization or a person other than yourself: If you answered No – you need not complete the remainder of this form.	[] Yes [] No	
If you answered Yes to above question please complete:		
Name, Address and phone number of each person or organization you are presenting t	oday:	
Are you being Paid for your representation?	Llyon Ll No	
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Are you appearing as part of your other paid duties for this person or organiza		
If you answered YES – continue – on other side pleasePLEASE 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. CITY OF MADISON **Registration Statement BOARD OF PUBLIC WORKS** Name **Address** ITEM NO. [] Support Wish to Speak [] See Written comments for the record [] Do Not Wish to Speak] Available to **Answer** Questions At this meeting are you representing an organization or a person other than yourself: []Yes Mo 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 today: 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 YES – continue – on other side please..... PLEASE SEE OTHER SIDE F:\USERS\Enjap\Forms\bpw RESGISTRATION FORM.DOC 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 · DATE **Address** ITEM NO. 46384 ON AGENDA Douglas Tri, Kvamme [] Support 14 Oppose Mish to Speak [4] See Written comments for the record [] Do Not Wish to Speak Available Answer Questions At this meeting are you representing an organization or a person other than yourself: [] Yes [/] 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 today: Are you being Paid for your representation?

[] yes [] No

[] Yes [] No

If you answered YES – continue – on other side please..... PLEASE SEE OTHER SIDE F:\USERS\Enjap\Forms\bpw RESGISTRATION FORM.DOC

Are you appearing as part of your other paid duties for this person or organization?

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 Mary ALR	DATE 3-8-(7
Address 808 Douglas TR	ITEM NO. L. ON AGENDA
MADISON, WI	
	,
[] Support Oppose)∭ Wish to Speak
[] See Written comments for the record	[] Do Not Wish to Speak
Questions	[] Available to Answer
At this meeting are you representing an organization or a person other than yourself:	[] Yes 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	today:
Are you being Paid for your representation?	[] yes P\No
Are you appearing as part of your other paid duties for this person or organiz	ation?
If you answered YES – continue – on other side please	[] Yes 🔀 No
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Complete this form if you wish to speak before the Board. If you wish to submit winto the minutes record, please complete and give to the Secretary.	written comments and have them entered
CITY OF MADISON	
Registration Statement	BOARD OF PUBLIC WORKS
Name Garth Tyson	DATE 3/8/2017
Address 809 Douglas TT	ITEM NOON AGENDA
Address 809 Douglas Til Madison WI 537/6	
Tracking to I some	
[] Support [] Oppose	[XWish to Speak
[] See Written comments for the record	[] Do Not Wish to Speak
	[] Available to Answer
Questions	
At this meeting are you representing an organization or a person other than yourself:	<i>N</i> ⊘ [] Yes [] No
If you answered No – you need not complete the remainder of this form.	
<u>If you answered Yes</u> to above question please complete:	
Name, Address and phone number of each person or organization you are presenting	today:
	Fluor Fluor
Are you being Paid for your representation?	[] yes [] No
Are you appearing as part of your other paid duties for this person or organize	zation? [] Yes [] No
If you answered YES - continue - on other side please	

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