

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

Name Stuart Rindley-Poon  
Address 454 W Dayton St  
Madison WI 53703

BOARD OF PUBLIC WORKS

DATE 8/8/2017  
ITEM NO. 6 ON AGENDA

☐ Support ☒ Oppose  
☐ See Written comments for the record

☒ Wish to Speak  
☐ Do Not Wish to Speak  
☐ Available to Answer

Questions

At this meeting are you representing an organization or a person other than yourself: Thomas Rindley-Poon ☒ 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

Name LES OROSE  
Address 505 University Ave

BOARD OF PUBLIC WORKS

DATE 8/8/17  
ITEM NO. 6 ON AGENDA

☐ Support ☒ Oppose  
☐ See Written comments for the record

☒ Wish to Speak  
☐ Do Not Wish to Speak  
☐ 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:

Orose Properties

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

Name MITCH BLAZER  
Address 505 UNIVERSITY AVENUE  
MADISON

BOARD OF PUBLIC WORKS

DATE 3/8/17  
ITEM NO. 6 ON AGENDA

☐ Support ☒ Oppose  
☐ See Written comments for the record

☒ Wish to Speak

☐ Do Not Wish to Speak

☐ Available to Answer

Questions

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☒ 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:  
OROSZ PROPERTIES, 505 UNIVERSITY AVE, 256-7368

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

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CITY OF MADISON

Registration Statement

Name Kelly Withins  
Address 1602 Droster Rd  
MADISON WI 53716

BOARD OF PUBLIC WORKS

DATE 3-8-17  
ITEM NO. 6 ON AGENDA

☐ Support ☒ Oppose  
☐ See Written comments for the record

☒ Wish to Speak

☐ Do Not Wish to Speak

☐ Available to Answer

Questions

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☒ 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:

Aberdeen 437 W Gorham St  
MADISON WI 53713

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 Steve Hollenbrand

DATE 3-8-2017

Address 299 N. Ross St

ITEM NO. 6 ON AGENDA

- ☐ Support ☒ Oppose  
☐ See Written comments for the record

- ☒ Wish to Speak  
☐ Do Not Wish to Speak  
☐ Available to Answer

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☐ Yes ☒ No

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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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