Complete this form if you wish to speak before the Board. If you wish to speak before the Board. If you wish to speak before the Board into the minutes record, please complete and give to the Secretary.

CITY OF MADISON	
Registration Statement	BOARD OF PUBLIC WORKS
Name KENTIM GATERS	DATE \$ 4/17
Address 155 Ewikanst # 702 Medison, Wil 5570 3	ITEM NO. ON 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.  If you answered Yes to above question please complete:	[]Yes ( No
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  PLEASE SEE OTHER SIDE	[] Yes [] No
into the minutes record, please complete and give to the Secretary.  CITY OF MADISON	DOADD OF BUDI IO WORKS
Registration Statement	BOARD OF PUBLIC WORKS
Name Ducan Lubauc  Address 155 E Wilson Styl 700  May Dison, U) 153703	ITEM NOON AGENDA
[] Support	্রা Wish to Speak
[] See Written comments for the record	[] Do Not Wish to Speak
Questions	[ ] Available to Answei
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 organization	[] Yes [/j No
If you answered YES - continue - on other side please	

PLEASE 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	N
Registration Statement	BOARD OF PUBLIC WORKS
Name NUM Dreese	DATE 4/5/2017
Address 622 N Heary St.	DATE 4/5/2017 ITEM NO. 5 ON AGENDA
[] Support [] Oppose	<b>¼</b> Wish to Speak
[] See Written comments for the record	∬Do Not Wish to Speak
[] See Written comments for the record    Storphiking on side work dingrass for bike  Questions   Support bike line on wilson, Jidge Defice  At this meeting are you representing an organization or a person other than y  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 presented.	Square bike I Available to Answer Square bike I, Wilson we should yourself: have best [] Yes [] No bike informative there:
<u>If you answered Yes</u> to above question please complete:  Name, Address and phone number of each person or organization you are pr	resenting today: Twork at the Thre Is
Are you being Paid for your representation?	[] yes [] No
Are you appearing as part of your other paid duties for this person or	
If you answered YES – continue – on other side please	[] Yes [] No
Complete this form if you wish to speak before the Board. If you wish to into the minutes record, please complete and give to the Secretary.  CITY OF MADISON	
Registration Statement	BOARD OF PUBLIC WORKS
Name Katic Yarry	DATE
Address 139 W. Wilsonst.	ITEM NOON AGENDA
[] Support [/] Oppose	[v] 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 person or organization.	resenting today:
Are you being Paid for your representation?	[] yes [M] No
Are you appearing as part of your other paid duties for this person o	
If you answered YES – continue – on other side please	[] Yes [∕] No

PLEASE 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 [PRITER DOROWS ST	DATE 4-5-17
Address <u>[3( ( ), ()   50) )</u>	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	today:
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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 organiz	
If you answered YES – continue – on other side please	[] Yes [] No
PLEASE SEE OTHER SIDE	
Registration Statement	BOARD OF PUBLIC WORKS
Name 17/10/ Greate 1 / 100	DATE 1/V///
Address Sjll Compact (N)	ITEM NO. ON AGENDA
	×
[] Support [] Oppose	Wish to Speak
[] See Written comments for the record	[] Do Not Wish to Speak [ ] Available to Answe
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:	, ,
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Name, Address and phone number of each person or organization you are presenting	g today:
Name, Address and phone number of each person or organization you are presenting  Are you being Paid for your representation?	
	[] yes 🕅 No
Are you being Paid for your representation?	[] yes [] No

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