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 ON AGENDA Support [] Oppose # 5-port (epais [] Wish to Speak [] See Written comments for the record have questions on details [] Do Not Wish to Speak Leasts, theelies. [] Available to A [] Wish to Speak 🕅 TBP 👵 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..... 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** Address **ON AGENDA** [v] Wish to Speak [] Support M Oppose [] See Written comments for the record [] Do Not Wish to Speak 1 Available to Answer Questions MYes [] No 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?

Ilves M 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 | DATE SEPT 20, 20// |
| Address 1802 MONROE ST 207 | ITEM NO. 4 ON AGENDA |
| MADUSON, WE 53711 | |
| [] 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 [1] No |
| If you answered No – you need not complete the remainder of this form. | 7- |
| <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: |
| 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 pleasePLEASE SEE OTHER SIDE | ••••••••••••••••••••••••••••••••••••••• |
| CITY OF MADISON Registration Statement Name | BOARD OF PUBLIC WORKS DATE 7/20/2017 |
| Address +SD Chapran ST Madison | 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: | [] Yes [] No |
| If you answered No – you need not complete the remainder of this form. | 11103 14/10 |
| 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 | [] 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 entere into the minutes record, please complete and give to the Secretary. CITY OF MADISON Registration Statement **BOARD OF PUBLIC WORKS** Address [] Support [] Wish to Speak [] See Written comments for the record M Do Not Wish to Speak [] Available to Answer Questions At this meeting are you representing an organization or a person other than yourself: [] Yes [X] 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 MNo 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 ON AGENDA

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creak [] Wish to Speak [] Support [] Oppose [] See Written comments for the record [] Do Not Wish to Speak [🗸 Available to **Answer** Questions []Yes [No At this meeting are you representing an organization or a person other than yourself:

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......

If you answered No - you need not complete the remainder of this form.

Name, Address and phone number of each person or organization you are presenting today:

If you answered Yes to above question please complete:

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 | | |
|---|--|--|
| Name JANE RICH | BOARD OF PUBLIC WORKS | |
| | DATE 9.20 2017 | |
| Address 3004 MohRof | ITEM NO. MONROE ON AGENDA STREET RECONSTRUCTION | |
| [] 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 to | oday: | |
| Are you being Paid for your representation? | [] yes [XNo | |
| Are you appearing as part of your other paid duties for this person or organization | tion? [] Yes \No | |
| If you answered YES – continue – on other side pleasePLEASE SEE OTHER SIDE | | |

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