Madison

☐ Yes

□/No

COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Board	of Public Works	DATE 3.6.18
SUBJECT/ADDRESS/TOPIC # JAMES /BIZYAN /FAIR OAKS RECONSTRUCT AGENDA ITEM NO.		
YOUR NAME STEVE NEARY YOUR ADDRESS 3701 JAMES ST		
Please check the appropriate boxes:		
SUPPORT	OPPOSE	☐ NEITHER SUPPORT NOR OPPOSE
☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions	☑ Wish to speak (3 min. limit)☑ Do not wish to speak☑ Available to answer questions	☐ Wish to speak (3 min. limit) ☐ Do not wish to speak ☐ Available to answer questions
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," go on to the next questions on the back side of this form.		
COMMISSION / COMMITTEE REGISTRATION FORM Madison		
COMMISSION / COMMIT	TEE REGISTRATION FO	ORM Madison
COMMISSIONICOMMITTEE		DATE 2/9/18
COMMISSIONICOMMITTEE		DATE 2/9/18
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COMMISSION/COMMITTEE	MAN YOUR ADDRESS	DATE 3/9/18 AGENDA ITEM NO.
COMMISSION/COMMITTEE SUBJECT/ADDRESS/TOPIC YOUR NAME Please check the appropriate boxes:	man your address	DATE 3/9/18 A GENDA ITEM NO 3/45 Thorp St
COMMISSION/COMMITTEE	MAN YOUR ADDRESS	DATE 3/9/18 AGENDA ITEM NO.
YOUR NAME SWAD BOX Please check the appropriate boxes: SUPPORT Wish to speak (3 min. limit)	YOUR ADDRESS OPPOSE Wish to speak (3 min. limit)	AGENDA ITEM NO
COMMISSION/COMMITTEE SUBJECT/ADDRESS/TOPIC YOUR NAME Please check the appropriate boxes: SUPPORT	MAN YOUR ADDRESS	DATE 3/9/18 AGENDA ITEM NO 3/45 Thorp St

If you answered "no," **STOP**; you need not complete the rest of this form.

If you answered "yes," **go on to the next questions on the back side of this form.**

At this meeting are you representing an organization or a person other than yourself?