45347
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# COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Public Works DATE 8/5/2018

SUBJECT/ADDRESS/TOPIC Van Hise, Shepard Terrace, Mason, etc Sidewalks AGENDA ITEM NO. _____

YOUR NAME Steve Cantley + Family YOUR ADDRESS 2819 Mason St.

**Please check the appropriate boxes:**

| ☐ SUPPORT | ☒ OPPOSE | ☐ NEITHER SUPPORT NOR OPPOSE |
|---|---|---|
| ☐ Wish to speak ***(3 min. limit)*** | ☒ Wish to speak ***(3 min. limit)*** | ☐ Wish to speak ***(3 min. limit)*** |
| ☐ Do not wish to speak | ☐ Do not wish to speak | ☐ Do not wish to speak |
| ☐ Available to answer questions | ☐ Available to answer questions | ☐ Available to answer questions |

At this meeting are you representing an organization or a person other than yourself? ☐ Yes ☒ No

*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

COMMISSION/COMMITTEE BPW DATE 9-5-18

SUBJECT/ADDRESS/TOPIC SHEPARD AGENDA ITEM NO. _____

YOUR NAME ROGER LANE YOUR ADDRESS 202 SHEPARD TERRACE

**Please check the appropriate boxes:**

| ☐ SUPPORT | ☒ OPPOSE | ☐ NEITHER SUPPORT NOR OPPOSE |
|---|---|---|
| ☐ Wish to speak ***(3 min. limit)*** | ☒ Wish to speak ***(3 min. limit)*** | ☐ Wish to speak ***(3 min. limit)*** |
| ☐ Do not wish to speak | ☐ Do not wish to speak | ☐ Do not wish to speak |
| ☐ Available to answer questions | ☐ Available to answer questions | ☐ Available to answer questions |

At this meeting are you representing an organization or a person other than yourself? ☐ Yes ☒ No

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

# COMMISSION / COMMITTEE REGISTRATION FORM

Madison

COMMISSION/COMMITTEE _____ DATE _____

SUBJECT/ADDRESS/TOPIC _____ AGENDA ITEM NO. _____

YOUR NAME Martin Schmid YOUR ADDRESS 214. N. Franklin Ave

Please check the appropriate boxes:

| ☐ SUPPORT | ☒ OPPOSE Sidewalks | ☐ NEITHER SUPPORT NOR OPPOSE |
|---|---|---|
| ☐ Wish to speak ***(3 min. limit)*** | ☐ Wish to speak ***(3 min. limit)*** | ☐ Wish to speak ***(3 min. limit)*** |
| ☐ Do not wish to speak | ☒ Do not wish to speak | ☐ Do not wish to speak |
| ☐ Available to answer questions | ☒ Available to answer questions | ☐ Available to answer questions |

At this meeting are you representing an organization or a person other than yourself? ☐ Yes ☒ No

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

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# COMMISSION / COMMITTEE REGISTRATION FORM

Madison

COMMISSION/COMMITTEE Public Works DATE 09/5/18

SUBJECT/ADDRESS/TOPIC Shepard Terr et al. Str. AGENDA ITEM NO. _____

YOUR NAME Jacob Harlow & DARCY DRAKARICH YOUR ADDRESS 2825 Van Hise

Please check the appropriate boxes:

| ☐ SUPPORT | ☒ OPPOSE | ☐ NEITHER SUPPORT NOR OPPOSE |
|---|---|---|
| ☐ Wish to speak ***(3 min. limit)*** | ☒ Wish to speak ***(3 min. limit)*** | ☐ Wish to speak ***(3 min. limit)*** |
| ☐ Do not wish to speak | ☐ Do not wish to speak | ☐ Do not wish to speak |
| ☐ Available to answer questions | ☒ Available to answer questions | ☐ Available to answer questions |

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

52999

Date: 9/5/18

**CITY OF MADISON**

**Registration Statement - _____**
COMMITTEE

Please Print

**Agenda No. _____**

**PLEASE PRINT CLEARLY**

Name Braden Kerwin

Address 118 Shepard Ter

Please check the appropriate boxes:

☒ **Support**
☐ **Oppose**
☐ **Neither Support Nor Oppose**

and ☒ 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," **STOP;** you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)*

Name, address and telephone number of each person or organization you are representing:

_____

_____

_____

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 "no," **STOP;** you need not complete the rest of this form. If you answered "yes," go on to the next question.)*

Speaking Limits: Public Hearing (Common Council) ..... 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

**(SEE BACK)**

Date: _____

## CITY OF MADISON

**Registration Statement - _____**
COMMITTEE

Please Print

**PLEASE PRINT CLEARLY**

**Agenda No.** _____

Name Bruce Gregg

Address 202 N. Franklin Ave

Please check the appropriate boxes:

- ☐ **Support**
- ☒ **Oppose**
- ☐ **Neither Support Nor Oppose**

and

- ☒ 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," **STOP;** you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)*

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*(If you answered "no," **STOP;** you need not complete the rest of this form. If you answered "yes," go on to the next question.)*

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Public Hearing (Common Council) ..... 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

**(SEE BACK)**

Date: 9/5/18

# CITY OF MADISON

## Registration Statement - _____
COMMITTEE

Please Print

**Agenda No.** _____

**PLEASE PRINT CLEARLY**

Name YURI SAALMANN

Address 210 SHEPARD TER
MADISON WI 53705

Please check the appropriate boxes:

- ☐ **Support**
- ☐ **Oppose**
- ☐ **Neither Support Nor Oppose**

and

- ☒ 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
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**(SEE BACK)**