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COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Pulk		DATE 8/5/2017			
SUBJECT/ADDRESS/TOPIC Von Hise, Superd Terrice, Mison, etc Siderally AGENDA ITEM NO.					
YOUR NAME Stave Contley + Family Your ADDRESS 2819 Mason 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/COMMITTEE BPW DATE 9-5-18					
SUBJECT/ADDRESS/TOPIC SHEPDRO AGENDA ITEM NO					
YOUR NAME ROGER LAVE YOUR ADDRESS ZOZ SHEPAND TERRACE					
Please check the appropriate boxes:					
SUPPORT	OPPOSE	☐ NEITHER SUPPORT NOR OPPOSE			
☐ Wish to speak <i>(3 min. limit)</i> ☐ Do not wish to speak☐ Available to answer questions	Wish to speak (3 min. limit) Do not wish to speak	☐ Wish to speak <i>(3 min. limit)</i> ☐ Do not wish to speak			
2 / Wallable to allower questions	Available to answer questions	Available to answer questions			

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		DATE			
SUBJECT/ADDRESS/TOPIC		AGENDA ITEM NO			
YOUR NAME Marky Schmid YOUR ADDRESS 214. N. Fray Kly Are					
Please check the appropriate boxes:	POPPOSE SILLWOLKS				
SUPPORT	DI OPPOSE J. WWW.	☐ 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 <i>(3 min. limit)</i> ☐ 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/COMMITTEE Phic Works DATE 09 5/18					
SUBJECT/ADDRESS/TOPIC Shept Terr Str. AGENDA ITEM NO					
I I I D. 262 Depressed					
YOUR NAME Seed Harlow & DARCY DROKERS 2825 Van Hise					
YOUR NAME	YOUR ADDRES	5 UDUS VOL TIS			
Please check the appropriate boxes		S USUS VOC 1715			
		□ NEITHER SUPPORT NOR OPPOSE			
Please check the appropriate boxes					

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.**

52999

Date: 0/5/6

CITY OF MADISON

Registration Statement	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Braden Kerwin Address 118 Shepard Ter
of who you represent and go on to the next q	nization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the name
question.) Speaking Limits: Public Hearing (Com Information Hearing.	Yes No duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next amon Council) 5 minutes 3 minutes 3 minutes

		Date:			
		CITY OF MAI	DISON		
Registration	on Statement -	COMMITTEE			
Please Print		PLEASE	PRINT CLEARLY		
Agenda No		Name Address	Bruce Grego 202 N. Fra	whip Au	
	pport Nor Oppo	ranization or a ners	and Wish to spe Do not wish Available to on other than yourself: t of this form. If you ans	eak n to speak o answer questions Yes wered "yes," provid	
of who you represent	and go on to the next	t question.)	ization you are represen		
Are you being paid for	or your representation	1?		☐ Yes	'No
Are you appearing as (If you answered "no question.)	part of your other pa o," STOP; you need to	nid duties for this por not complete the re	erson or organization? est of this form. If you an		No on to the next
Speaking Limits:	Information Heari	ommon Council)	3 minutes		

Date: 9 5 18

CITY OF MADISON

Registration	on Statement -					
		COMMITTEE				
Please Print		PLEASE	E PRINT C	LEARLY		
A. I. NI		Name	YVI	21 SAAL	AM	NN
Agenda No		Address	MA	DISAN	RI)	53705
Please check the appro	opriate boxes:					
Support			and	Wish to speak		
Oppose				Do not wish to s	peak	
	pport Nor Oppo	se		Available to ans	wer quest	ions
At this meeting are yo (If you answered "no, of who you represent of Name, address and tele	" STOP; you need nand go on to the next	ot complete the re question.)	st of this f	form. If you answere		M No provide the name
Are you being paid for	r your representation	?			Yes	□ No
Are you appearing as j (If you answered "no, question.)					Yes ed "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Co Information Hearin	g	3 minute	es		
	Other Items		> minute	es		