

Effective July 1, 2017

Please put the File # of the Legislation beside the appropriate committee.

J&A 19-1003

F&P _____

Forms must be complete before the start of the meeting.

No forms will be considered after the start of the meeting; except in the case of public hearings that are required by law (as noted on the agenda).

COMMITTEE HEARING REGISTRATION SLIP

Name: MATT LEWIS Date: 7/30/19
PLEASE PRINT

Address: 1985 SANDALWOOD DR. ONALASKA WI

I Represent: MALO CLINIC HEALTH SYSTEM

Legislation: 19-1003

(Please fill out a separate sheet for each piece of legislation in which you are registering.)

Please check only one (1) of the following:

- I wish to **SPEAK IN FAVOR** of the legislation.
- I wish to **SPEAK IN OPPOSITION** of the legislation.

- I wish to **REGISTER IN FAVOR** of the legislation.
- I wish to **REGISTER IN OPPOSITION** of the legislation.

- I'm in favor of the legislation, but only here to answer questions.
- I'm in opposition of the legislation, but only here to answer questions.

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F&P _____

COMMITTEE HEARING REGISTRATION SLIP

Name: CATHY VAN MAREN Date: 7-30-2019
PLEASE PRINT

Address: 2815 Highland St

I Represent: me

Legislation: 19-1003 demolition & parking Lot

(Please fill out a separate sheet for each piece of legislation in which you are registering.)

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I wish to **SPEAK IN OPPOSITION** of the legislation.

() I wish to **REGISTER IN FAVOR** of the legislation.

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J&A 11-1002

F&P _____

COMMITTEE HEARING REGISTRATION SLIP

Name: Kevin Hurdth Date: 7-30-12

PLEASE PRINT

Address: 700 Buchner Pl

I Represent: Coilee DSA

Legislation: 12-1003

(Please fill out a separate sheet for each piece of legislation in which you are registering.)

Please check only one (1) of the following:

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COMMITTEE HEARING REGISTRATION SLIP

Name: Kathryn J. Nauts Date: 7/30/2019
PLEASE PRINT

Address: 2118 Johnson St., La Crosse, WI 54601

I Represent: Kathryn J. Nauts & DSA (Democratic Socialists of America)

Legislation: Mayo Clinic Conditional Use Permit

(Please fill out a separate sheet for each piece of legislation in which you are registering.)

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COMMITTEE HEARING REGISTRATION SLIP

Name: ANERY VAN GAARD Date: 7/30/19
PLEASE PRINT

Address: 906 CASS ST

I Represent: _____

Legislation: CONDITIONAL USE PERMIT FOR MAND

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- I wish to **SPEAK IN OPPOSITION** of the legislation.

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- I'm in opposition of the legislation, but only here to answer questions.